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CLINICAL LECTURES.

TYPHLITIS; SUBACUTE PERITONITIS; GASTRIC ULCER.

DELIVERED IN THE PENNSYLVANIA HOSPITAL,

BY ARTHUR V. MEIGS, M.D.

[Reported for THE BULLETIN by J. W. SUTTON, M.D.]

I SHALL begin this morning by showing you the man I brought before you on Saturday last, as I can thereby show you the following case to a better advantage.

To recapitulate: the man is an Italian thirty-seven years old; he had been working in Washington, where he was attacked with diarrhœa ten days before admission, and four days before admission he had severe pain in the hypogastrium or right iliac fossa. He had no cough, expectoration, or hemorrhage. His heart was normal, and the lungs gave no abnormal sign on physical examination. We gave him a pill composed of extract of belladonna one-eighth grain, and opium one-half grain every three hours. He had little or no fever prior to coming here, and has had little or no fever since his admission to the hospital. When he first came in his temperature was 101° Fahr., but for the last two days it has been below normal. I showed you, I think, on Saturday last, that there was quite a good deal of swelling in the right iliac fossa; also, I showed you that the abdomen was filled with wind, unmistakably tympanitic. This morning there is, of course, some tympanitic resonance in the abdomen, but no more than natural. There is still dullness in the iliac region, and in every region except there the abdomen feels natural, but so soon as I place my fingers there I find a doughy sensation; that is, a feeling as if I were pressing on a lump of dough, very different from the peculiar rolling sensation experienced on pressing upon the abdomen in its natural condition. There was pain there on Saturday when I placed my fingers with only slight pressure there, but now there is almost no pain on pressure. On Saturday, after he was shown to you, he began to get better, and on Sunday he got suddenly better. In this case we never had total obstruction of the bowels; the man was always able to pass wind, and an injection was always followed by a good passage.

In bad cases of typhlitis, where the obstruction is complete, you may give injections, and after getting away what is in the lower part of the bowels you get nothing further away.

In cases of this kind, if the patient continues to pass wind, I think I should never summon the surgeon to help me in the case, but where there is complete obstruction, you should always see what can be done by a surgical operation to help the patient. The usual effect in intussusception is a complete obstruction of the bowel, and the usual place for intussusception to occur is at the ileo-cæcal valve.

Intussusception you know is a sliding of one portion of the intestinal canal within another portion, an invagination, and in some cases the tumor formed by the invaginated portion of intestine has even presented at the anus, so great has been the amount of invagination. The usual symptoms of intussusception are that you have a tumor at the point of invagination, pain in the abdomen, and complete obstruction of the bowels followed by fecal vomiting.

In these cases surgery, owing to the very

great advances made in abdominal surgery within the last few years, is able to do a great deal for the recovery of the patient by opening the abdomen and drawing the invaginated portion out; but in cases of this sort, although surgery is a very great aid, I think the really important matter is to find out what the trouble is; this is, where the difficulty lies, and not in making the operation. The only case of intussusception I ever had anything to do with was last year, here in the hospital; a man came in complaining of great pain with which he had been seized two days before. He had diarrhœa, with blood in the stools, and nothing that we gave him seemed to have any effect upon his diarrhœa.

I thought the man had diarrhœa with peritonitis, as sometimes occurs. The man died, and it was then discovered that the violent dysenteric diarrhœa was due to invagination of the bowel, about four inches of the bowel having been invaginated.

I do not think there is any invagination here in our patient; the man simply had diarrhœa for ten days before his admission, and the enteritis which accompanied, or caused it, becoming severe, an extension of the inflammatory process took place which involved the peritoneum. As regards the treatment of this case there is not much to say. We will simply keep the man on a low diet for some days yet, —milk and oatmeal or milk and beef-tea. In cases of this sort, where the patients are foreigners, I often begin to give them some food more than milk and beef-tea a day or two before I otherwise would, because they do not seem to understand why we should keep them on what seems to them a starvation diet, and will obtain, if possible, surreptitiously, more solid food, and, therefore, I begin with solid food a little early, because I believe it to be better to know what the patient is taking than run the risk of his taking what might be very harmful to him.

The prognosis in this case is good, the man is improving, and I think will go on to complete recovery. You cannot say what the prognosis in most cases of typhlitis is, because it varies in almost every case; but in this case the symptoms are light and the man seems better, and I think we are justified in giving a favorable prognosis.

I am going to show you next a woman twenty-three years old, a native of Ireland, and single; has been in this country two years, and is a chambermaid. She is inclined to be nervous, and at times is very nervous. Her menstruation began when she was thirteen years old, and has been regular ever since; it last occurred about three weeks before her admission to the hospital, which was on the 11th of October. Nine weeks before her admission she was suddenly seized with cramps in the abdomen. From the very beginning her appetite suffered, and she had nausea and vomiting very frequently, which usually occurred after breakfast. She had at times rigors followed by fever, and this by profuse sweating.

She has never had œdema of the feet, cough, or spit. Occasionally she has had to pass water more frequently than usual. Her stomach has always been somewhat prominent. She has seldom had headache, has had no dyspnœa or palpitation, but has gradually lost strength. On admission her tongue was dry and somewhat tremulous, mind perfectly clear, heart perfectly sound, and urine negative; that is, on testing it gave no signs of an abnormal character, was free from albumen and sugar. She was ordered, on admission, half an ounce of Basham's mixture three times daily.

Now the principal points in her history previous to her admission were occasional vomiting, two or three stools daily, with pain in the abdomen. There was no disease of the lungs, liver, or kidneys. The lower part of the abdomen, however, was very prominent, and all the indications of disease were very vague. It went on thus, quietly, from the time of her admission until the 16th, when, about four o'clock in the afternoon, she was seized with severe cramps in the abdomen with vomiting. It was time for her menstruation, but it did not come on.

On the 17th, there was considerable induration of the abdomen on the right side. On the 18th the vomiting was better; this was probably due to the medicine which had been ordered for her when the vomiting came on, and which consisted of a pill composed of extract of belladonna one-twelfth of a grain, with one-quarter of a grain of opium every two hours. During the night of the 18th, Dr. Queen noticed that her pupils were contracted, and her respirations were reduced to ten in the minute, and therefore he directed that the opium should only be given every three hours.

Just here I may say to you that a quar-

ter of a grain of opium in a grown person every two hours is a perfectly safe and proper dose to give, and ordinarily you would get none of the physiological effects of it,—that is, so as to be very noticeable or at all dangerous.

There is now less swelling of her abdomen than there has been at any time since her admission. Her temperature sheet is a curious one; it was as high as 102° Fahr.; that was on the night of her admission to the hospital, which perhaps was due partly to her coming into the house, for it is a noticeable fact that a patient's temperature always goes up at the time of admission. I suppose this is due to the excitement of coming in, the change and the worry of removal from the home of the patient to the hospital; it generally falls the next day when they have become accustomed to their surroundings, and this is what it did in her case, as you can see from the chart. When the temperature keeps below 102° Fahr., I think it is a very moderate temperature.

Her temperature since admission has kept below 102° Fahr., and it is also a very irregular temperature; it is anywhere; it is up to-day and down to-morrow, with no regularity about it at all. It shows none of that regular rise and fall which is seen in cases of typhoid fever, for instance, and some other diseases, but is very irregular in its rise and fall.

The fever has been very moderate in degree, showing the existence of some slight or subacute inflammatory condition probably.

The abdomen here is still somewhat prominent, although no more so than perhaps would be in a normal condition, and when I feel it with my fingers there is no induration anywhere.

A few days ago in the left lower half of the abdomen we had the sensation of doughy induration.

There is still some in the very lowest part of the abdomen, but it is very much better than it was, and her general condition is better; there is no increased amount of tympany, there is no more tympany on the sick side than there is on the well side, but she has no pain there when I touch on that region.

The tongue is red at the edges, and at the front here I think a little, a very little bit dry and slightly tremulous.

This case is one, I think, also somewhat parallel to the one I just showed you; I think the woman has suffered, and is suffering now, from peritonitis, but of a subacute character.

The man had acute peritonitis; this woman's trouble is subacute, and more in the pelvic part of the peritoneum, probably induced by some trouble of the uterus. She has been sick for nine weeks past with pain, vomiting, and diarrhœa, symptoms of peritonitis, but acute peritonitis does not last that long, therefore I say it is of a subacute character.

The principal thing that caught my attention at first in this woman's case was the great prominence of the lower part of the abdomen which with the other symptoms caused me to think of pregnancy, although she claimed to have menstruated three weeks before her admission.

We cannot always be sure that patients are telling us the truth in regard to this matter, for frequently if they are pregnant they will endeavor to deceive us, and so I questioned her upon everything bearing upon pregnancy, but with only a negative result.

After she had been here only five days she was seized with violent pain and vomiting, and there was then found induration of the lower part of the abdomen, which decided the case for us, although we had already determined pretty well as to the character of the disease.

Now her treatment has been one-twelfth of a grain of belladonna with a quarter of a grain of opium every two hours; after a short time the physiological effects of opium were produced, and so we increased the interval between the doses so that now she takes the same thing every three hours, and she is kept in bed. This with a liquid diet constitutes her treatment.

This liquid diet consists of milk and beef-tea. To my thinking there is nothing so good for the purpose of giving rest to the digestion as milk and beef-tea.

I think that in the course of time by pursuing this treatment the patient will recover. These cases begin we cannot tell exactly how or why. In regard to this case, it may have begun in the pelvis around the uterus; it is impossible to say exactly where it begins. The diagnosis here is one of localized peritonitis; the prognosis depends entirely upon what the case is; in cases of this sort the outcome is usually good.

There is a change coming over medicine in the treatment of these cases. I am told that the gynecologists, after an operation upon the

abdominal cavity, where there seems to be an inflammation starting, give a good dose of a saline purge. I have never done this, as I am not a gynecologist; but it seems to me that such treatment must make the patient worse rather than better, and that opium to keep the bowel at rest is the better plan of treatment. The diagnosis in cases of this sort is sometimes a very easy one and sometimes a very difficult one; in both these cases the diagnosis was easy enough. I attended a woman some years ago where the diagnosis was not so easy. The patient was seized, while down on the Jersey coast somewhere, with vague peritoneal trouble.

This went on for a long time, not yielding to any treatment, and ended up in a violent diarrhœa, and finally the patient died with a very extensive peritonitis having given during life very little evidence of so great an amount of disease in the peritoneum.

The patient before you now was admitted on the 7th of October. She is twenty years old, and has been in the deaf and dumb asylum as an attendant. While in the country, two weeks before her admission to the hospital, she was suddenly seized with pain and vomiting, but no diarrhœa; one week before admission she was again seized with excessive pain, vomiting, and violent purging.

She has had almost constantly a burning pain in the epigastrium which shot through to her back.

During the month she occasionally, after eating, had nausea and vomiting.

Five days before admission she had another attack of pain in the stomach which lasted almost all day, and at five o'clock in the afternoon she vomited a clot of blood about the size of a walnut. She has also had, irregularly, headaches.

She had a stool a couple of days before admission, owing to having taken a dose of Epsom salts. When admitted the tongue was dryish and covered with a light fur. There was slight dullness in the epigastrium, but none elsewhere.

Having here, as we had, a history of a severe pain in the abdomen with vomiting, we ordered that she should be put in bed and kept there with no food but a little milk and lime-water, and with twenty grains of the subnitrate of bismuth three or four times daily. Since her admission she has had no vomiting, no diarrhœa, no pain, and the temperature has been at all times since her admission below normal; most of the time her temperature has been $98\frac{2}{5}°$ Fahr., being on several occasions down to 97° Fahr. She has been a good deal constipated since her admission to the hospital, and has taken compound cathartic pills several times since admission.

Now there was no physical sign connected with this case except one; physical examination gave us nothing except tenderness and slight dullness in the epigastrium.

This shows that you cannot depend entirely upon physical examination for making your diagnosis, but must give due weight to the patient's history.

She now lets me touch her with quite hard pressure, and says that it does not give her any pain.

The tongue, which is slightly covered with a yellowish fur, is somewhat thickened and pretty well marked at the edges with the teeth; it seems as if it were a little too big for the mouth.

I suppose that some of you have already made the diagnosis of the case from what has been read to you of the history, and what has been shown you of the woman's condition.

There are only three or four things which would explain the symptoms in this case: one is dyspepsia, another is cancer of the stomach, and another is gastritis or gastric ulcer. We will take up the cancer first.

In the first place the woman is only twenty years of age, and cancer is very uncommon in patients of that age; then dyspepsia, well, dyspepsia will do a great deal, but dyspepsia will not make the patient vomit blood, which settles that case. Well, then, gastritis is a thing which you seldom see except when brought about by some traumatic cause, so that then we come to the fourth condition, or gastric ulcer, and I think the symptoms will answer to that, for we have them here; pain, vomiting, tenderness in the epigastrium, and finally vomiting of blood. It is in people whose vitality is depressed that you are likely to have gastric ulcer. The sewing women of London, in very great numbers, have gastric ulcer, and women who sit all day in sewing are very prone to have gastric ulcer.

Now our patient's vitality is depressed, there have been causes at work for a long time which would occasion a depressed condition of her health. She has only been three years in this country, and has had a great deal of trouble

with her menses; until six months ago she was not very well, but then began to get better; there had not been time, however, since for her to regain her health.

It is a very common thing for young Irish girls, when they first come to this country, to have trouble at their menstrual periods until they get acclimated.

Gastric ulcer is by no means so dangerous a complaint in this girl as it would be in a person who was older.

This woman having a very good reason for a temporarily depressed vitality, the prognosis is good because she is now acclimated, and when she gets well of the gastric ulcer, as I think she will, there will be no reason why she should not regain her former health and strength, for she will go back to the institution where her work will be light, because the work in these institutions is much more easy than it would be in a private family, and there will be nothing to cause a depression of her health.

The treatment that we put her upon was, as I told you, the use simply of milk and lime-water, three ounces of milk and half an ounce of lime-water every two hours, and twenty grains of the subnitrate of bismuth, with a quarter of a grain of opium, three times daily.

Some years ago there was a woman who came in here with a history very much like this one; she had vomiting, pain in the stomach, tenderness of the epigastrium, and vomiting of blood, and we thought she had gastric ulcer, but some time afterward she developed an attack of rheumatism, and we turned our attention from the gastric condition to the rheumatism, and I was very much astonished one morning when I came down to the hospital, having left her better the night before, at being told that she had died during the night.

On *post-mortem* examination we found a very large hemorrhage of the stomach had taken place, over a gallon of blood having been poured out into the stomach.

In this case the stomach was in a state of hemorrhagic erosion, and the large amount of hemorrhage had twisted the stomach, or the pyloric end of the stomach, so that no vomiting could take place.

It was a very curious thing which I had never seen before, nor had I ever read of anything like it.

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DILATATION OF THE STOMACH; OBSCURE NERVOUS DISEASE; SUSPECTED HYDROPHOBIA.

DELIVERED AT THE RUSH MEDICAL COLLEGE, CHICAGO, ILL.

BY NORMAN BRIDGE, A.M., M.D.,
Professor of Pathology and Adjunct Professor of Principles and Practice of Medicine in the College.

(Reported by William Whitford.)

GENTLEMEN: Here is a young man who appeared before us a week ago. He had had indigestion for a long time, occasional vomiting, no diarrhœa, but slight constipation. For about two weeks prior to his appearance at the clinic he had been losing flesh rapidly, and had been vomiting many times daily, and the material he vomited was sour. He had appeared in the surgical clinic previously, and a tumefaction or enlargement was found, its most prominent point being about two inches to the left of the umbilicus, and extending somewhat above it. This enlargement proved to be a gaseous tumor; it was resonant on percussion; it was not hard, painful, nor tender, and on watching it a moment it was found to slightly change its position. I see very little of this tumefaction or movement to-day. This patient had been eating a variety of foods, most of which were improper for him, and we prescribed a diet of bread or crackers, and milk in small doses, as well as scraped raw beef. He has subsisted on such a diet since that time. He has also taken before each meal twenty grains of bicarbonate of sodium and ten grains of salicylate of bismuth. The question was raised whether this tumefaction was due to some disturbance of the abdominal organs, to an accumulation of gas at that point, or whether it was attributable to a contraction of some fibres of the rectus muscle on that side. There was, to me, small reason to believe that it was in the rectus muscle; it must be in the alimentary canal somewhere, probably in the stomach. The stomach reached down in the abdomen further than it ought to; it was distended and dilated. If I had had an apparatus for washing out the patient's stomach at that time, I should have used it, if the patient had consented. Had he vomited since that time, or had he not felt better, I should feel like doing it to-day. He has not vomited this week at all; he feels better. He says he has secured movements of his bowels by means of

injections of water every day. He has some eructations, but they are not sour. Considering this man's age, scarcely thirty, there is little likelihood of his having serious dilatation of the stomach.

There is, since his last visit, considerable improvement in his condition. While it is not necessary to pass a stomach-tube into his stomach to-day, if the case was more chronic I should not hesitate to advise it, and every day, if necessary. If a dilatation exists at all, and I have small doubt it exists to some extent, there is not a sufficient degree of stenosis of the pylorus to prevent the patient's recovery, if he takes proper care of himself. I said last week what I would emphasize to-day, that always when irritation of the pylorus occurs, or of the mucous membrane of that part of the alimentary canal, or when any organic disease exists at that point, as a tumor, a cicatrix, or hypertrophy, there is a tendency to dilatation of the stomach. The only reason why the stomach empties itself at all into the intestinal canal is that there is an absence of resistance on the part of the pylorus, and some contraction on the part of the stomach. The stomach will always empty itself promptly, even in cases of severe catarrh, if its own muscular structure is in its integrity and there be no obstruction at the pyloric end; but let a little catarrh or thickening occur in the pylorus, or some depravity in the nervous apparatus that regulates it, whereby it is kept contracted, and the balance between the regulating machinery and the contracting forces of the stomach becomes disturbed.

Too much obstruction, and the normal contracting forces of the stomach are incapable of evacuating the contents of the cavity. Likewise, of course, too little capacity for contraction on the part of the stomach, even with a normal pylorus, and the result is the same. This is how dilatations occur, how they are started, and once started, they generally grow worse rather than better, because the indigestion grows worse, the irritation of the stomach increases, and the pyloric obstruction, whatever it may be, little or much, fails to improve. As the stomach dilates, the power of its muscular fibres decreases, exactly as occurs in a case of dilatation of the heart. When the heart undergoes dilatation the more it dilates, the more it is likely to, from given forces. Stretch a muscle, and it becomes weaker and thinner thereby.

We find frequently in people of the age of forty or more, where there is much dilatation of the stomach, that vomiting occurs some time after eating—frequently only at night—of large quantities of fluid, of undigested and digested food. The material always contains more or less mucus, and it is usually intensely sour. It is full of micro-organisms, sarcinæ and torula predominating. After vomiting the patient generally feels a great sense of relief. It frequently happens that when a patient vomits, if he only does so once in two or three days, he will eject the material he ate forty-eight or seventy-two hours before, and will even recognize the articles he ate.

Some of you will perhaps recall a patient who was at the Presbyterian Hospital a year ago, whose home was in New Orleans, and who had been taught to use a stomach-tube. From that time to this he has used it every night. He takes his food regularly, and experiences no particular discomfort during the day. He finds a smaller quantity of concentrated food best. He goes to bed at night feeling comfortable after the three meals he has taken. About two or three o'clock in the morning he suddenly awakens with pain in the stomach, the epigastrium is found distended, he immediately passes down a stomach-tube and brings up a quantity of fluid, varying from one to two quarts. He feels immediate relief, goes back to bed, and falls asleep. He would not be caught without a stomach-tube at night for a large sum of money.

This tube exhibited is composed of soft rubber, and easily introduced if the patient will be pains-taking with it, and any physician can introduce it if he exercise care. When you can reach and control a patient with dilatation of the stomach, or a tendency to it in gastric catarrh, can put him on a diet he can digest, and give such medicines as will lessen irritation of the stomach and prevent fermentation, you can frequently relieve, if not cure, him. I dislike to say you cure him, because much more will be accomplished through his own management than by yours. In a case of this nature, if you should be satisfied that with the medicine and the regimen prescribed, dilatation is growing worse rather than better, it is imperative to teach the patient the habit of using a stomach-tube himself. This is positively one of the most useful measures that has ever been discovered for such disorders of the stomach.

There are other disorders associated with grave irritations of the stomach, such as carcinoma of the pylorus, in which it is found to be a thing of great value. It is true—indeed, it must be true, or the good results would not follow the evacuation of the stomach—that, if you can remove the irritating things from the stomach, the condition of pyloric spasm, as an element of obstruction, will disappear to some extent, and the capacity of the stomach for contraction improve.

The pylorus, in its nervo-muscular machinery, seems to be designed to prevent the exit of material from the stomach that ought not to go into the duodenum. This machinery is in constant use every day in the life of every animal. Food taken into the stomach is kept there until the physiological forces see fit to let it pass on. It is hard for us to understand how this nervo-muscular machinery can regulate the matter as well as it does, so that when we take food it shall remain in the stomach just so long, and then allowed to pass into the duodenum. The healthy stomach during digestion is moving its contents from one end to the other continually. In health, any moment, if the pylorus would relax, the stomach might evacuate its contents into the duodenum, but it does not relax until the proper time has arrived. When we have a disease of the stomach, with a lot of irritating substances in its cavity, the pylorus mismanages, it fails to allow the stomach to evacuate itself as fully as it ought. Here is one of the conservative forces of nature misdirected. A great many forces of this sort are misdirected at times. We know when people need food they are generally hungry. You will find a great many people who are sick and ought not to eat food, but who are hungry or think they are. A patient will tell you that about eleven o'clock in the morning he becomes very hungry, that there is a sensation of gnawing or craving in his stomach, he becomes faint if he does not eat something. You will discover, as physicians, that it is not hunger, but a false sensation of hunger, and will disappear spontaneously if you prevent his eating. You may make it disappear also by a dose of bicarbonate of sodium in hot water.

A Case of Obscure Nervous Trouble.—This patient looks well. She comes to ask us to prescribe for a certain sort of nervousness she complains of. She describes it as a "sensation of dizziness." When she undertakes to walk she is giddy, yet she walks along the street and does not stagger; she is afraid, however, she will stagger and fall. This condition has existed about three months. She informs us that in the morning, at noon, and at night, whenever she gets up to walk anywhere she feels this dizziness, and is afraid that she will fall at any moment. She is extremely nervous at times, has nervous spells lasting from ten to fifteen minutes.

I have questioned her in the hope of eliciting some information as to the existence of delusions, but I cannot discover that she has any. She has a good appetite; menstruates regularly, but before the menstrual period comes on she has the nervous spells more often. She is married, but has never borne any living children; and she denies any symptoms pointing to uterine disease. She sleeps well at night. Asked whether she has ever received an injury or wound at any time, she says she received a wound on the head by an accident that occurred since the "spells" came on, so they cannot be charged to that. About a year ago last Christmas she had a severe fall, falling several feet, and was unconscious at that time for four hours. But there is no sign about her head of any injury. Her pupils seem to respond normally to light, but she says she cannot see as distinctly with the right as with the left eye. Her tongue is slightly coated, but she protrudes it all right. The knee reflexes are about normal. She has a ringing sound in the head, having felt it last winter for the first time. She has slight divergent strabismus, and this accounts probably for the fact of her defective vision in one eye. People with this condition do their mental seeing with one eye. It will be well for us to have her examined by an ophthalmologist. It may be her symptoms are all due to some reflex influence or irritation in some part of the body.

We will also ask her to observe what passes from her bowels, to see if she discovers anything abnormal in the feces. Her symptoms are similar to those which occur in the cerebro-spinal disease, slowly but gradually progressing. Some of them, too, suggest epilepsy very strongly, especially the "spells of nervousness." During these nervous attacks she can hold nothing in her hands, she is not afraid of anybody, but is very irritable and easily made angry. If her friends speak to her she feels provoked, and is apt to throw something

at them. An attack of frenzy of this sort continues for a few minutes only, when she becomes drowsy, and gradually falls asleep, and sleeps, if allowed, for one or two hours. These facts point to a pathological condition such as is capable of producing epilepsy; these symptoms are epileptoid in character, to some extent.

Epilepsy is a disease the pathology of which is wrapped in a good deal of mystery. The first thing to do with patients afflicted with these little seizures (*petit mal*) is to ascertain, if possible, if there is any way of relieving or removing any irritation that perchance may cause them. Depressions of portions of the skull produce epilepsy, and when such depressions are present the epileptic seizures come on, and may continue for years until the skull is properly trephined and the pieces of depressed bone taken out, and that is not certain to produce permanent relief if the case is chronic. It sometimes happens that the disease is due to the presence of a tape-worm, hence I would advise her to watch the condition of the feces. If it happens in one case in a million, and that case recovers by the removal of the parasite, every case should be studied for that alone. If she watches the feces she will settle that question herself, because if she has a tape-worm she will pass sections of it and bring it back for us to see.

Again, some degeneration may be going on in her brain, and a true mania may follow as a result of it. I dislike to believe, however, that such will be the case. The facts about this patient that point strongly to epilepsy are the drowsiness and the paroxysmal character of the nervousness. Epilepsy occurs in paroxysms, and an epileptic seizure is generally followed by a period of drowsiness. If you read certain descriptions of epilepsy you would conclude that all epileptic seizures are alike. They are not alike by any manner or means. There are different degrees of severity—from the most trivial disturbance of the system for a moment up to the most severe and profound paroxysms that last a few minutes. I mean by this a true epileptic convulsion or seizure. Such symptoms as this woman has are not unique at all. If she becomes homicidal, suicidal, or destructive, it would even not be strange. She would be entirely irresponsible.

Again, epilepsy is sometimes mixed up in its symptomatology with hysteria so thoroughly that it is termed "hystero-epilepsy." Another feature of epilepsy is this: Its paroxyms are interchangeable with other nervous paroxysms. A patient will go on and have perhaps a seizure once a week for a year or two, when suddenly the fits will become replaced by seizures of frenzy or true mania; these may occur regularly for a while, when the fits return. The injury to this patient's head was doubtless produced by a man's fist. I presume it was provoked by her own belligerency in some of her seizures. She has said in our presence that during these seizures she will throw anything at anybody; she hates to see any one about her, and feels angry at everybody. The trouble was doubtless with the person back of that fist. He did not appreciate the fact that she is irresponsible. Such a patient should be indulged in almost everything, and during one of her attacks not a cross word should be said to her, nor an unfriendly act of any sort done.

We shall advise her to subsist upon a rather low diet, to be sure that her bowels move freely every day, and shall prescribe fifteen grain doses of bromide of sodium, four doses to be taken daily.

Suspected Case of Hydrophobia.—Here is a young lady brought to us for the purpose of ascertaining what danger, if any, she is in from an injury she received from a dog bite five days ago. She has a slight wound just below the right clavicle. From its appearance it was doubtless cauterized by the nitrate of silver. She says the dog tore a hole through her clothing; that she saw the wound, but it was not deep, and that it was cauterized about twenty minutes after the dog had bitten her; it bled very little. It was probably a superficial wound, the teeth of the animal hardly going beneath the skin. I should imagine the skin was hardly perforated. However, it is impossible to say positively about that. The wound is in a sufficiently favorable condition, and will heal in a few days. These eschars produced by the nitrate of silver are dressings to the wound, and will fall off in a few days, I presume, and leave a healed surface beneath. The girl is in no trouble about the wound at all; she is troubled to know whether she is likely to have hydrophobia. This is a very practical question, and such a question as you will be confronted with when you go out to practice. When people come to you with injuries of this sort received from a common dog, and you are asked whether there is danger of

hydrophobia or not, it is very important to have right notions about this whole subject.

First of all, the majority of wounds received from dogs are harmless, because the majority of biting dogs are not rabid. A great many dogs are aggravated by certain trivial circumstances to bite people at certain times. Certain pet dogs by a mere gesture will bite—bite anybody near them. There is a dog in my house which would bite if any one came up behind him when he was eating, and should stamp upon the floor, it would make no difference who the person was; yet the dog is not naturally quarrelsome. Dogs may have frenzy; they may be momentarily insane; they may be seized with such passions as sometimes beset men; they may get mad and bite people. I have no doubt dogs frequently imagine without reason that people have designs upon them, and so become cross. You must remember the dog is one of the most intelligent of the domestic animals, and is capable of a wide range of emotion.

We are informed that the dog that bit this patient was not mad; that the young lady knocked on the door, and the dog hearing it broke its rope, came running around the house and bit her. The animal was not killed after she received the injury. Unfortunately, after such injuries, as a rule, the dog usually is killed. That is the last thing that should be done. The most important thing is to ascertain whether or not the dog was rabid. If the dog is immediately killed, that buries the evidence. The best evidence is acquired by the dog's own conduct after the injury, and the way to do is to chain up the dog, give him proper food and keep him in a condition of good hygiene, and see if he develops evidences of hydrophobia. Occasionally—rarest of rare events—a dog has hydrophobia and recovers, but human beings do not recover from hydrophobia.

If a dog chained up after biting a person does not sooner or later develop symptoms or evidences of hydrophobia, we may conclude the victim is safe. The evidences of hydrophobia in a dog are plain; no person need make any mistake about that. The animal is restless and nervous, and disinclined to remain in one position for any length of time, he will lie down for a short time, then get up, and move restlessly about. Then little things excite him; he is liable to snarl if you look at him, certainly if you come toward him. Then he will have a little fever; some spasm of the muscles of deglutition in attempting to swallow. While he will have no fear of water, he will have a spasm that any person may recognize on attempting to swallow it. Whenever this occurs there is froth from the mouth nearly always, more or less. He will eat unnatural things as hay, sticks, and dirt, which is hardly strange since dogs in health often eat things that seem unnatural to us.

This dog in question is not rabid, therefore we may assure this young lady that she is in no danger of hydrophobia whatever. Suppose the dog had been killed or lost sight of, what would have been the thing to do? The proper thing to do is to always cauterize the wound, unless you are positive the dog is not rabid. If you are perfectly sure of it, and have known the dog, and observed his conduct before the injury or bite, and immediately afterward, there is no need of cauterizing the wound. When a dog simply gets mad for an instant, or bites a person as the dog did in this instance, the wound does not need cauterizing any more than a wound received from a hammer.

Where there is any doubt about the condition of the dog, the wound should always be cauterized promptly. The cautery used in this case (which was undoubtedly the nitrate of silver) is not the best. The trouble with nitrate of silver is, the moment it touches the soft tissues of the wound an albuminate of silver is formed—anyway the albumen is coagulated—which prevents the nitrate of silver from getting into the tissues. The fluid cauteries are the best, and the nitric acid the best of all. A little nitric acid taken on the end of a stick or glass rod and plunged into the wound, and stirred about freely, will cause but little burning, the skin being chiefly the part that is involved. If the skin is torn through, the sensation of burning will be mainly where the skin is injured by the nitric acid. Carbolic acid and hydrochloric acid may also be used, but I regard the nitric acid as the best.

If the teeth of the animal have gone deeply into the tissues, the medicine may be brought in contact with all parts of the wound, and it is important to have this done early. When cauterization cannot be resorted to early, it is a good thing to endeavor to get out of the wound all the fluids by some process of suction. An individual whose mouth is free from excoriation may apply his lips to the wound and suck

it without danger. A better way than that even is to get a large-mouthed bottle, or a stout tumbler, and drop into it a little wad of burning paper, and instantly apply it to the wound. By that means we produce "dry cupping." This means sucking out the fluid from the wound, a most desirable thing to do. The way people get the poison that produces hydrophobia is by absorption. The fluid is left in the wound, is gradually taken up by the absorbents, and passes into the tissues by absorption. The cupping reverses the flow of fluids in the wound.

Now, if we are uncertain about the health of the animal from which the wound is received, and there is a possibility of hydrophobia, the first question asked would naturally be, Shall the patient receive the benefit of Pasteur's treatment? A few months ago I should have said "yes" in such a case. But, unfortunately, Pasteur's treatment is losing ground in the estimation of the scientific world rather than gaining. There is probably more evidence in favor of it than against it, but the evidence against its value is certainly accumulating, and it looks to me, as it may look to any one who has seen a great many apparently demonstrated theories come up with a great deal of enthusiasm on the part of she scientific world and go down again, that Pasteur's treatment of this disease may soon not be believed in by anybody, unless, perhaps, by the originator himself. I am somewhat in doubt as to whether I, on receiving a wound of this nature, should care to make a trip across, or even to, the Atlantic Ocean and receive this treatment of Pasteur. After a certain length of time has elapsed, without any symptoms, the disease is almost certain not to appear; there is a period of incubation, and after that period is passed there is no likelihood of an outbreak of the disease. It may in general be stated that if after sixty days have elapsed, no symptoms have manifested themselves, there is no danger. The danger is probably trifling even after thirty or forty days. There is a good deal of evidence that the fear of this disease has produced some cases of it, and I hope this young lady will not fear it.

There is no treatment that is worth anything as a preventive of this disease, unless it is the treatment of Pasteur.

We wish you all a happy and prosperous New Year.

ORIGINAL COMMUNICATIONS.

THE ORDER COMPOSITÆ.

BY S. F. LANDRY, M.D.,
LOGANSPORT, IND.

THE order of plants is full of useful remedies. Many new uses for old remedies, and many useful, but still undiscovered remedies, remain unknown for the want of close observers and trial.

1. *Inula Helenium.*—The elecampane is a specific for elephantiasis, if there ever was such a thing as a specific for any disease. The roots are dug, washed, all rotten and defective parts separated, and those parts only that are good and sound put into a pot or boiler with an abundance of water. A strong saturated tea, or decoction, is made. The affected part, or leg, is thoroughly washed and bathed in the tea every day or two for several weeks. Meantime, the tea is made fresh from day to day. It must be taken inwardly, in large doses, of two to six ounces three or four times a day. It never failed to effect a cure in every case when properly used and thoroughly applied.

2. *Taraxacum Dens-leonis.*—"The dandelion," says the "National Dispensatory," "is useful in hepatic congestion due to or associated with atonic dyspepsia and constipation, etc." A lady whom I had often treated for obstinate constipation, gastralgia, and hysteria of a persistent character, readily recovered from her attacks; but they would provokingly recur every few weeks, until life became almost a burden. Sometimes she was compelled for days, and even weeks, to keep her room and bed. Dandelion was at length chosen for a constant remedy, to the exclusion of all other remedies. Removing to a farm several miles away, her case was almost forgotten. One day, a year afterward, she and her husband had come to town to trade, when she cheerfully told me she was cured. She used a strong decoction of the roots. Her nervous depression, with all its horrible associations, was removed. Now this was the first evidence ever received of dandelion acting as a nervine as well as a liver corrector.

Nabalus Altissimus.—In a serious case of threatened traumatic gangrene, resulting from a tibial periostitis and necrosis, the result of an old gunshot wound, amputation had been decided upon, as all efforts to reduce the swelling

and remove the pain were unavailing. The leg was black, the patient sleepless and wild with pain. An old farmer said "silver leaf" would relieve the pain, reduce the swelling, and cure the leg. The silver leaf, when procured, I discovered to be the leaves of nabalus altissimus. In these green leaves,—whitish beneath,—well washed, and applied all over the limb, the leg was encased for twelve hours. They were them removed and old tobacco leaves, dampened, took their place for two hours. This course was pursued every day for about two weeks, till the leg was healing and comfortable. Almost instant relief followed their first application, and by nursing much of the swelling was reduced, and the patient slept nearly all night. As the plant does not grow everywhere, it is a serious drawback to its common use.

Zinnia Elegans.—The recent introduction of hydrochlorate of cocaine, drumine, and other local anæsthetics, brings to mind an experience of the writer's with zinnia flowers as a remedy for burns. In attempting, thoughtlessly, to open a hot stove-door with a finger, the thick skin covering the pulp was burned to a crisp at a single touch. The pain was almost unendurable. Various domestic and regular remedies were tried in vain. A sleepless night was before me unless some "balm in Gilead" could be found that would ease the pain. In front of the house grew an abundance of "Youth and Old Age," as it is commonly called. One of the zinnia flowers was plucked, its petals bruised, wood-ashes wet to a paste with water were mingled with them and applied. The pain ceased as if by magic. Sleep came unbidden. All pain and soreness vanished. The combination of *tertium quid* was necessary, as the ashes alone or the flowers alone would not succeed. The remedy was never tried on a denuded surface nor a very extensive burn. Possibly it might not, in such a case, be a success. On a tender child it might be too severe unless soda were used instead of ashes. It was the combination that was effectual. Zinnic acid combined with an alkali produces a peculiarly useful salt in slight burns. It may, in the future, be turned to a good account in the treatment of burns. I claim its discovery. Of all the other remedies used for burns, cold-pressed pure castor-oil, mingled with oil of peppermint (perhaps menthol would be good) has certainly proven itself to be a useful article about the house when burns are to be treated and severe suffering avoided. In the fiery pains of burns, as well as in rectal fissures, I have seen the patients made immediately comfortable by the use of pure castor-oil alone. Oil of peppermint is good alone, but the combination is *par excellence.*

ECZEMA HYPERTROPHICUM.

℞. Zinci oleo-palmitatum (P. D. & Co.) . . . . . ℥ij.
Acidum carbolicum . . . f℥j,
Hydrastis canadensis pulv. . ℥j.
Petrolina . . . . . ℥j.
M. Ft. ung.

Sig.—Apply freely over the diseased and discolored surface. If inflamed much, use an elm poultice, or two, first. After the burning, itching, and other severe symptoms have subsided, use a plaster made of mineral earth (National Pharmacy Association) mixed to the consistency of a paste with carbolic-acid solution, one part of acid to twenty or more of water. Use a week and renew twice a day. Spread on linen, or clean muslin, the size of the discolored surface, and about one-quarter of an inch in thickness. Follow, when sufficiently healed as to present a dry, non-oozing surface, with the ordinary rubber bandage. In one month, some cases that have lasted for years will be healed. The above ointment will heal almost any ordinary Hunterian chancre.

Damiana.—Linosyeis Mexicana (Schlechtendæl); turnera ulmifolia; turnera microphylla.

The turnera ulmifolia is the best endowed with aphrodisiacal and tonic, erotic properties. Contrary to the "National Dispensatory," I must declare it "as a remedy for sexual impotence or indifference in either sex, and borne out by experience."

It is a well-known fact, whatever irritates or acts strongly on the rectum also quickens the genital organs and increases the sexual appetite. Whatever invites the blood to the pelvic organs, as the hot sitting-baths and nettle-flagellations of the ancients, is also promotive of the same effect. Hence I discovered that if damiana was pushed to the extent of producing uneasiness in the epigastrium, and several peristaltic actions on the bowels, resembling the action of a strong cathartic, its characteristically sexual effects were uniformly produced. Especially was this true of the bilious and sanguine encephalic temperaments. No uniformity of action in this direction could

be predicated without the effect already mentioned on the stomach, bowels, and colon. Hence in cases of senile impotence, and the produced impotency of middle age accompanied by "slow bellies," the result of sexual exhaustion, its greatest uniformity of action was observed. I restored an old roué who was about sixty years of age, and who, for more than a year, could produce no erection whatever. He had consulted many physicians, and had been "run" through the usual nux, phosphorus, cantharidal, and other remedies time and again with no success whatever. He continued to grow worse and worse with the use of tonics, stimulants, etc. One hundred damiana pills restored his lost virility, he married his fourth wife, but died in less than two years from his new excesses. Herein lies much of the failure in the use of many remedies besides damiana. Who does not realize the difference in cinchona barks, pale, red, and yellow?

First. A man must be sure he has what he desires—*i. e.*, that his medicine is pure—just the article he wants. Second. He must likewise be certain that he knows exactly how to use it in that way and manner to insure the best effects.

Many new remedies are condemned, and many old ones placed in the obsolete class by our later dispensatories for the want of patience to try properly, or the lack of attention to the results when produced.

Seemingly trivial and unimportant circumstances regarded by the recent discoverers and the older writers as necessities in the use of their remedies have been wholly ignored by this *pro forma* class of writers. The best efforts of good men have been defeated; important remedies set aside or condemned, and others still less effective or unimportant substituted. Temperament, pursuit-habits, diet, conditions, and environments all count for nought in the presence of these modern wiseacres.

Nicotiana Tabacum.—Of all the agencies devised by the powers of evil to destroy mankind, there be five unequalled in the work—lust, pride, gain, intoxicants, and tobacco—"and the greatest of these is tobacco." No man can charge me with fanaticism in this view—for I am not a reformer in the modern sense of that word—no hobby-rider, a friend only to suffering humanity, a moderate user of the vile weed by the recommendation of scientific physicians, commenced as late as at the age of forty, but now regarded as the worst mistake of my life. In the light of my own latest investigations I cannot conceive how any honest-minded physician can recommend the use of tobacco to an invalid of any sort and feel justified by an enlightened conscience, knowing, as he must know, that its evils are cumulative, depressing, and in time most certainly destructive to health, life, decency, and self-respect.

I have beheld with sorrow the formation and growth of this habit in the young, have seen young and healthy boys reduced to skeletons with the filthy quid, or so trembling, palpitating and miserable from the use of cigarettes, they could not endure any labor at all; countenances pale, anxious, and dejected; signs of a deadly enemy admitted into the citadel of their lives; language sprinkled with oaths; over-secretion of saliva; stained garments reeking with the smell and filth of tobacco till it made me sick at heart and vexed with the follies and weakness of my race.

I know that one author (Philips) tells of a scrofulitic girl eating snuff till it cured her of the disease, but she ate it and wanted no more when she was cured. A physician at New London, Ind., was asked by old Uncle Jimmy Arnett why he used tobacco. "Oh!" said he, "to cure dyspepsia." "How long has thee used it?" "Fifteen years," said the physician. "And thee is not well?" "No." "Well," said the old man, "isn't it about time to try some other remedy?"

Having seen five of my neighbors in succession, all temperate, godly men except in the use of tobacco, stricken with paralysis and fail in middle life, or a little past it in one instance, I was led to examine into the matter carefully, and found tobacco the direct agent in their bodily destruction. The seminal liquor was taken from a recently killed rooster's testicle, placed under the microscope, the spermatozoids were alive and active. A minute speck of strong tobacco juice dropped in their midst quickened their motions till they looked like dots of light; slower, and more slowly, at last, they moved till all were dead.

Again and again did I verify this experiment till satisfied of my discovery. Tobacco cuts like a two-edged sword, it first stimulates or excites the amative desires, which any one who smokes much can verify and witness; increased seminal production produces rapid

seminal waste and phosphatic urine; decreasing nervous power succeeds; nervous debility, genital paralysis, or impotency follows at some time or other; hemiplegia, paraplegia, or ramollissement of the brain ends the struggle, and a life is crushed beneath this civilized Juggernaut.

SPURIOUS SEPTICÆMIA.

BY E. K. WELLER, M.D.,
FREDERICK, PA.

I WILL employ this name in recording a few instances of a class of cases to which I think it is applicable.

During the summer I have witnessed a number of cases, some quite severe, of an affection whose symptoms simulated so closely that dreaded disease known as septicæmia, that from the symptoms alone a mistaken diagnosis would at first be almost inevitable; but this affection appears to me so different from the latter disease in its history and course, and its symptoms are so constant that we may be justified in classing it separately.

I will include the semeiography in the following notes:—

Mr. W. H—, farmer, æt. 34. Previously healthy, was taken ill on the 22d of August, a day after he had opened the abdomen of a carcass of a horse that had died evidently of some form of peritonitis, as I was informed by his veterinary surgeon. After a most careful search no wound or abrasion could be found on his body through which toxæmia could be produced, but he stated that he directly inhaled the putrid gases as they eminated from the carcass. It made him feel somewhat sick and faint at first, which soon passed off, and he continued his investigation He ate a hearty dinner and supper, noticing nothing unusual. The next morning he felt dull and heavy, with loss of appetite, stiffness, and aching in back and limbs. By noon he had a frontal headache, had had a chill, and was growing feverish. When I saw him at 4 P.M. his face was flushed, and wore an expression of anxiety. Pulse, 118; temperature, 102⅖° Fahr. Tongue coated with a whitish, slimy, and tenacious substance, quite profuse salivation, and a peculiar, very fetid odor of the breath. Slight cough, no expectoration save of saliva. Bowels constipated. Urine febrile, but otherwise normal. Skin moist, but no perspiration. No enlargement of any of the superficial lymphatic glands. Under the influence of quinine the symptoms remained about the same for three days, with morning remissions and evening exacerbations. During this time a passage was secured from the bowels by a purgative (calomel and jalap), which was very dark and fetid. This was followed by a slight diarrhœa. From this time on he improved until the seventh day, when he expressed himself well, except the utter anorexia which remained a week longer. During this attack he lost twelve pounds in weight.

CASE II.—Samuel K—, V.S., æt. 46, while investigating the cause of the disease which killed a number of cattle in his neighborhood, inhaled the fetid gas emanating from a purulent cavity which sickened him for a few hours, but completely recovered from it. The following day he felt unwell,—a mere indisposition which, after a restless night, was followed by a chill in the morning and another by noon, followed by fever rising in the evening to 105.2° Fahr. Pulse 144, followed by delirium. Salivation was not noticed. The *malaise* did not develop into stiffness as in the preceding case. The tongue was the same. Thirst not marked, if at all increased. Diarrhœa set in the second day, the stools being very fetid. Meteorism amounting almost to tympanitis.

In both cases the primary flushing of the face was very temporary, and was followed by a pale, slightly icteric hue. The anxious expression gave way to one of resignation and emaciation.

This case ended quite abruptly on the third day, when profuse sweating occurred, leaving the patient weak, with complete anorexia continuing two weeks. The patient lost about twenty five pounds in weight.

Treatment.—Quinine and stimulants, sulpho carbolate of sodium for the diarrhœa, which controlled it admirably.

CASE III.—Similar to the preceding, but milder. The chill and fever were slight. Maximum temperature, 100° Fahr; pulse, 96. No diarrhœa, but a very fetid passage with much flatus. This lasted three days, but the profound anorexia continued fully a week longer, when it gradually subsided.

In all these cases and others there was a very persistent insomnia. In all, a most careful search did not reveal any abrasion through which the poison could enter the system, nor did anything develop that would suggest the possibility of any being overlooked. These

cases do not present the history or course of true septicæmia, still they have, for the time being, nearly all the symptoms in common. How this mephitic gas should cause this condition, and how the morbific agent acts I am unable to say, unless by causing a septic catarrh of the alimentary canal, for certain it is that some such morbid process is going on in that canal, if it does not constitute the whole of this affection's pathological anatomy.

The diarrhœa seems analogous to that of true septicæmia, both also responding to the same therapeutic measures, sulpho-carbolate of sodium acting admirably in both. From the other therapeutic measures employed little could be deduced as to the true nature of this affection.

Acclimatization does not protect, as is shown by the fact that Case II. has for some years been handling dead and decomposing carcasses, as also was the late Dr. William Hunt, who suffered from these attacks himself.*

Idiosyncrasy may predispose, but it would appear by the above to have little influence.

THE CAUSE AND TREATMENT OF INFANTILE ECZEMA.†

BY JOHN V. SHOEMAKER, A.M., M.D.,
Professor of Dermatology in the Medico-Chirurgical College of Philadelphia.

INFANTILE eczema is one of the most common diseases of early life. It is always a distressing and frequently an obstinate affection, remaining for weeks or months; but, as a rule, it is much more amenable to treatment than the eczema of adults. It may occur at any period during infancy, but it is most frequently observed during the first six months of infantile life, at the time of weaning, and during the process of dentition.

It may appear in a variety of forms. In some cases it is characterized by the development of a variable number of erythematous spots or blotches upon the face, scalp, and other portions of the body. In others the eruption is purely papular; in still others it consists solely of vesicles situated upon a reddened, inflamed base, or both lesions may be intermingled. The pustular variety is characterized by the formation of pustules of various sizes, either alone or commingled with vesicles, papules, and vesico-papules. The disease may involve any or all portions of the integument, but it most frequently attacks the face, scalp, neck, chest, buttocks, and the upper and lower extremities. It pursues a variable course. The papular and erythematous forms usually disappear by resolution, but they may pass imperceptibly into the chronic squamous stage of the disease. The surface then presents a dull-red infiltrated appearance, and is covered with a number of minute epidermic scales.

The vesicular and pustular varieties rarely terminate in resolution. As a rule, the vesicles and pustules burst within a few days after their development, exposing a raw, weeping, bleeding surface, from which a sero-purulent fluid exudes, and dries into large, firm, yellowish crusts. When the scalp is the seat of the eruption, the hairs are matted together by the exudation, and the entire scalp becomes covered with yellowish masses, forming the condition known as crusta lactea. As the disease progresses the irritation increases, so that the inclination to scratch the parts becomes almost irresistible, and patients tear the surface with their finger-nails even while asleep. This, of course, increases the exudation and enlarges the diseased area. After an interval of several weeks the morbid action may cease, spontaneous repair take place, and the crusts drop off, disclosing a healthy but somewhat reddened surface. Usually, however, unless appropriate treatment be instituted, the disease passes into the chronic stage, and remains for months or years, with occasional periods of amelioration and exacerbation.

Infantile eczema is due practically to one of four causes: 1. Insufficient or improper food. 2. Imperfect assimilation. 3. Deficient excretion. 4. External irritation.

Insufficient or Improper Food.—This is one of the most frequent exciting causes of the disease. If the mother's milk is scanty in quantity, or poor in quality, or altered in character by pregnancy, passion, menstruation, anxiety, or disease, the nutrition of the child will suffer, and eczematous or other eruptions speedily appear. If the child is hand-fed, and given unsuitable and indigestible articles of food, or, if the cow's milk upon which it is nourished is so diluted with water as to be deprived of its value, the same result will follow.

Imperfect Assimilation.—This is another po-

* Pennsylvania Hospital Reports, 1868.

† Read in the Section on Diseases of Women and Children at the Thirty-eighth Annual Meeting of the American Medical Association, June, 1887.

tent factor in the production of the disease. The food may be perfect in all respects, but if, owing to disturbances of the digestive tract, a considerable portion of it is either rejected by vomiting, or hurried out through the intestinal canal before digestion and assimilation are complete, the blood will become thin, the nervous system will suffer, and various cutaneous eruptions appear.

Deficient Excretion.—Deficient excretion is not as frequently chargeable with the development of infantile eczema as it is with many other cutaneous disorders, but many stubborn cases spontaneously disappear when the normal functions of the various excretory organs are reëstablished.

External Irritation.—This is frequently the unsuspected cause of numerous cases of infantile eczema. Among the common sources of irritation may be mentioned woolen or flannel clothing, tight clothing, dyed clothing, wet diapers, scratching, and the too frequent washing of the body and scalp with soap and water. The eruption is often aggravated by the use of quack preparations, or ointments recommended by obliging friends and neighbors.

Treatment.—The general principles upon which the successful treatment of infantile eczema must be based are, to improve the nutrition of the patient, correct any disorder of digestion or excretion that may exist, and protect the affected surface from further irritation and endeavor to restore it to its normal condition. The measures to be employed in each case will vary with the cause of the disease, and the extent, variety, and stage of the eruption. In some cases attention to diet and hygiene will be sufficient to effect a cure. In other cases local or constitutional medication will be required, while in obstinate cases both local and constitutional remedies must be employed. In mild cases of erythematous or papular variety, in which the deficient character of the food supply is plainly apparent, immediate improvement can often be obtained by simply giving a sufficient quantity of appropriate nourishment. There are several ways of accomplishing this. If the mother is nursing the child, and her milk is scanty or impoverished, she should be placed upon tonics and a liberal diet, and directed to give the child a definite quantity of cow's milk in addition to her own at stated intervals throughout the day. I have notes of several cases in which a rapid and decided improvement in the character and amount of the mother's milk, and a disappearance of the eruption from her child followed a liberal diet, conjoined with the use of the following prescription:—

℞. Tinct. ignatiæ . . . . gtt. xx.
Tinct. cinchonæ . . . ʒij.
Tinct. serpentariæ . . ʒij.

M. Sig.—Teaspoonful in water before meals and at bedtime.

If, unfortunately, the infant cannot be nursed by its mother, the best substitute for its natural food is the pure unadulterated cow's milk, unmixed with any other substance whatever. More than thirty years ago, Dr. N. S. Davis declared before this Association, that the practice of diluting the cow's milk given to infants was the direct cause of incalculable suffering and innumerable deaths. Careful observation has convinced me of the truth of Dr. Davis' assertion. Time and again have I been called in to see infants of from ten weeks to six months old, who were crying continually, pining away, and in addition were covered with various forms of eczematous eruptions. On inquiring what the little patients were fed upon, the answers were: one part milk and three parts water; one part milk, one part flour, and five or six parts water. In one case the unfortunate child was being slowly and unknowingly starved to death upon one part milk and eight parts water. My orders in every case were to at once give each child plenty of pure undiluted cow's milk and nothing else for food. For some I directed two grains of pepsin to be given in addition with each feeding. No other medication was employed or required, and in every case the eruption spontaneously disappeared in from a few days to two weeks.

In other cases it will be found that the trouble is due to the child being given potatoes, pies, pastry, pork, and all sorts of table-food, preparatory to being weaned, or to assist it to cut its teeth. The child's stomach is unable to digest such food, its gastro-intestinal canal is disordered, and various eruptions appear that are charged to dentition. Dentition is a perfectly natural process, and in the overwhelming majority of cases is accomplished without any reflex or direct disturbance of the system. The cases of eczema attributed to it are numerous, but they are really due to errors of feeding and disorders of digestion.

Cases of infantile eczema, due to imperfect digestion and malassimilation, require to be studied carefully. Those in which there is a deficiency in the gastric juice, are benefited by the administration with each feeding of from one-half to two grains of pure pepsin, or from two to five grains of lactopeptine. Nux vomica in doses of from one-quarter to two minims of the tincture three times a day is also valuable. Minute doses of the chloride of iron, or of hydrochloric acid, sometimes yield better results than either pepsin or nux vomica. If diarrhœa exist, small doses of opium or Dover's powders, with an astringent tonic, like cinchona or geranium, will be of the utmost value. In some cases a change of air, as to the seashore or the mountains, will be the most effective remedy. Cod-liver oil will be found of especial value in all patients that are debilitated, anæmic, or that present any evidences of the scrofulous diathesis. It may be given in half-drachm doses three times a day, or used as an inunction every morning. In many cases, no other treatment will be necessary. The syrup of the iodide of iron is also valuable. The dose will vary from five to twenty drops, according to the age of the patient. It may be given in any convenient medium, or in combination with cod-liver oil.

Quinine is also an effective remedy, especially in malarious districts and in cases in which the eruption manifests itself during the spring and autumn months. It may be given in the syrup of yerba santa, in doses from a half grain to three grains once or twice a day. Very often in cases arising from gastro-intestinal irritation or complicated by constipation, marked and rapid improvement can be obtained from the use of minute doses of calomel, alone or combined with a small quantity of jalap resin, as follows:—

℞. Hydrarg. chlor. mitis . . . gr. j.
Resinæ jalapæ . . . gr. j.
Sacchari albæ . . . gr. x.
M.—Ft. pulv. No. vi.
Sig.—One powder every other day.

Podophyllin and leptandrin will also be found serviceable. Castor-oil is a time-honored and an effective remedy. Small doses of syrup of rhubarb or carbonate of magnesium are frequently beneficial. In acute cases accompanied by fever and an increase of the circulation, aconite is potent for good. It will be noticed that I have said nothing as to the use of arsenic in the treatment of the various forms of infantile eczema. The omission was intentional. Arsenic is sometimes requisite in the treatment of obstinate forms of eczema in adults, but in the eczema of childhood it is not only unnecessary, but frequently injurious. For many years I have not employed arsenic in cases of infantile eczema, which have come under my observation. I would advise that arsenic be avoided in the treatment of infantile eczema, as its use is often productive of more injury than any benefit it may produce on the disease.

Local Treatment.—In cases in which the itching is a marked symptom, various soothing and anti-pruritic lotions and ointments may be employed. Those which I most frequently order are:—

℞. Acidi carbolici . . . gr. ij.
Hydrarg. chlor. mitis . . gr. x.
Ung. zinci oxidi benz. . . ℥j.
M.—Ft. ungt.

℞. Creosoti . . . . ♏iij.
Aquæ . . . . . ℥iij.
M.

℞. Chloral hydrat. . . . grs. v.
Aquæ menth. pip. . . . ℥ij.
M.

Applications of cold water, ice-water, lead-water, and laudanum, or a saturated solution of bicarbonate of sodium, will also be found grateful and beneficial.

When the eruption has become subacute or chronic, and the integument is covered with crusts, it would be folly to expect any improvement until the diseased surface is exposed to view. The affected region should be covered with a starch poultice, or saturated with oil to loosen the crusts and scales, which must be carefully picked off. Various stimulating ointments may then be applied to the exposed, denuded surface, but care must be taken to avoid increasing the irritation and inflammation. The medicaments employed should be such as will constringe the capillaries and reduce the congestion, while they at the same time form a protective covering for the raw and oozing corium. The subnitrate and the oleate of bismuth and the oleate of zinc, either in powder or ointment form, are excellent applications for this purpose. The ordinary benzoated oxide of zinc ointment alone, with five grains of camphor to the ounce, is also serviceable. The following ointment will be found valuable:—

℞. Pulv. opii . . . . gr. iij.
Acidi tannici . . . ʒss.
Plumbi carbonatis . . ʒj.
Olei anthemidis . . . gtt. v.
Adipis . . . . ʒj.

Another excellent procedure is to brush a twenty-five per cent. solution of the fluid extract of geranium over the surface after the scales have been removed. Diachylon ointment, weak tar ointment, cucumber ointment, weak salicylic acid ointment, and the ointment of the carbonate of lead, may also be employed with benefit. Harsh and irritating applications must be sedulously avoided, as they are certain to protract the disease. Cases due to external irritation usually require nothing more than the removal of the irritant and the application of a soothing ointment or lotion to the part affected. Dyed woolen or flannel clothing should be replaced by articles of wear composed of some less offending material. If wet diapers are at fault they should be removed as soon as soiled, the parts gently mopped dry with a soft cloth, and then dusted with zinc oxide, bismuth subnitrate, or lead carbonate, or painted with a dilute solution of geranium maculatum. If the eruption is due to the scratching and irritation consequent upon the presence of lice, the hair should be cut short, and any of the following ointments rubbed well into the scalp:—

℞. Hydrarg. chlor. mitis . . gr. x.
Acidi carbolici . . . gr. ij.
Ungt. zinci oxidi . . . ʒj.
M.

℞. Naphthol . . . . gr. x.
Ungt. zinci oxidi . . . ʒj.
M.

℞. Sulphuris sublimati . . ℈ij.
Pulv. marantæ . . . ʒj.
Ungt. aquæ rosæ . . ʒj.
M.

Cases that are the result of the too free use of soap and water will usually spontaneously subside upon the suspension of the practice. An infant's body should be bathed every day in tepid or warm water, but soap should not be applied to its delicate skin more than two or three times a week.

To meet with success during '88, it will be necessary to advertise liberally and select only reputable medical journals with an honest circulation. This we claim and can substantiate for THE MEDICAL BULLETIN.

A NEW DISEASE.

BY. S. WIMPELBERG, M.D.

THERE has, of late years, crept into existence, almost unnoticed to many of the most brilliant lights of our profession, a new disease which has attained almost unlimited bounds, and which threatens to become epidemic in character, and a disorder that will prove, I fear, most intractable to treatment. The disease is curable, but the most heroic measures must be employed to make anything like an impression.

The disorder is confined exclusively to members of the medical profession, and when a physician once has a very decided attack of it, he, as a rule, proves a most unruly patient, and if you try to argue with him, he reminds you of the old saying:—

"Convince a man against his will,
He's of the same opinion still."

I will claim no originality for the discovery of this disease, as the symptoms have been noticed by other observers long before I was a physician, even in embryo, and even now I don't really know what to call the disease. Let me see. How would syphilis mania do? Now you are not to understand by this that it is necessary to have the disease syphilis in order to have syphilis mania. All that is required of you is to be a physician, and if any of your patients have ever had a primary lesion to attribute all subsequent ills as the results of the previous attack of syphilis, and put them under specific treatment. How supremely absurd is this conclusion, and yet this is just what hundreds, yes, I dare say thousands, of our physicians are doing, and so convinced are they that they are right in their deductions, that it is almost idle waste of time to try to convince them of their error.

Dr. Oscar Berger, in the Deutsche Med. Wochenschrift, January 1 and 8, 1885, cites two cases of tabes dorsalis, where there was a history of preëxisting syphilis, and endeavors thereby to substantiate an assertion that he had promulgated several years previous of the etiological relation between syphilis and tabes dorsalis.

While there is a possibility that there might be some connection between the two diseases in these individual cases, yet still I don't think it justifiable to regard every case of locomotor ataxia as having its origin in syphilis, as certain prominent authorities would have one believe.

In one of Berger's cases there was an amelioration of the symptoms under specific treatment, while in the other the disease progressed to a fatal issue, notwithstanding the patient was put under anti-syphilitic treatment. Even in the case that recovered there is a doubt, even in Dr. Berger's mind whether or no the case was one of true locomotor ataxia, or one of "syphilitic affection of the meninges which mimicked very closely almost all the symptoms of tabes."

Of course there is little room for doubt but that syphilis plays an important part in quite a number of cases, and should always be given respectful consideration, but it should not be regarded as such an important factor as so many practitioners hold it to be.

Why, one eminent physician remarked to me once, "Whenever I am in doubt about a case, I always put my patients on specific treatment, and I get along pretty well I assure you." Now, what do you think of such a procedure? It strikes me pretty forcibly that this doctor is suffering from a severe attack of syphilis mania.

POUGHKEEPSIE, N. Y., Sept. 23, 1887.

MALARIAL COMA.

BY ETHAN SPENCER, M.D.

IN our malarial climate a particular phase of disease is met with which has received this name. In the forming stage the patient exhibits all the common symptoms of biliousness, viz., a coated tongue, dullness of intellect, dull yellowish complexion, etc., then follows coma sometimes so intense that the patient seems to be in a sound sleep from which he cannot be aroused, but lies quietly as one in sleep; in others they will toss and turn about as though in a distracted dream, may throw themselves off the bed, but are perfectly unconscious and generally speechless, this may continue for a week or more, if not arrested by proper treatment. A paper was read before our Tri-State Medical Society, and the treatment recommended was to give five to ten grain doses quinine as the main remedy, as it was of malarious origin, and therefore quinine was the main antidote. Now having had considerable experience in treating these cases, I beg leave to show my views of the case and my mode of treatment.

CASE I.—I diagnose it a disease of torpor, and an obstructed and loaded state of the liver, and from that the fullness of the bloodvessels of the head and brain, and from this the coma results; I therefore proceed to give a course of medicine that will act with certainty on the liver, viz., Dover's powders, gr. ij.; calomel, gr. iv., once in three hours, until the patient becomes conscious, wakes up; I then discharge the mercury, it having done its work, and give quinine. My patients generally return to consciousness in twelve hours. Let me illustrate: I was called to see a lady about fifty years of age, found her comatose, insensible, and anticipating difficulty in getting her to take the medicine; I left a quantity, and charged attendants to continue their work until they succeeded, but to my chagrin the next day, when I came, they had given up the case and sent for her friends to see her die. I called for a spoon, prepared my dose, put the spoon in her mouth, catching her nose at the same instant, and it was swallowed; I ordered this course followed up, and not to let her die without doing anything. They obeyed, and the next morning when I arrived she was wide awake and perfectly sane, and made a good recovery.

CASE II.—I was called to consult with a younger physician in a case of malarial coma, but when I met the doctor I inquired what were the leading features of the case? "Well," he says, "if you can tell you will do better than I can;" and I found a room full of friends looking for the patient to die.

I examined the case, then took the doctor aside and told him what course to pursue (to unload the liver, etc.), and predicted a return of consciousness by the next morning and almost certain recovery. This cheered up the patient's desponding friends, and, I trust, enlightened the doctor also. My predictions proved true; the next morning he was better and made a quick recovery. This has been my way of treating malarial coma, and I have succeeded so well that I never expect to abandon it to adopt the wholesale quinine course. It was urged in justification that the patient was in immediate danger, and no time must be lost. Let me say that I never saw one where the coma did not occur early in the case before the patient was much reduced, and more than this, I believe my course will be the quickest, the best, and the surest.

READ THE MEDICAL BULLETIN and prosper.

CASE OF POISONING BY TANSY OIL; RECOVERY.

BY J. W. GUNN, M.D.,
AUSTIN, NEV.

I WAS called, with Dr. Huntsman, at 1.30 A.M. to see a married woman. On returning home from a dance she had swallowed, with suicidal intent, three or four drachms of oil of tansy. She had procured half an ounce vial the day before, and taken two doses of eight drops each to bring on her menses. Her husband saw her drain the bottle, and hurried her to the office of Dr. Huntsman. She complained of blindness, vertigo, and stupor. The doctor gave her large quantities of mustard and water, ipecac, and two grains tartar emetic. No emesis following, he sent for me.

I found her insensible and rather pale; surface and extremities warm; breathing noisy and hurried; pulse 80 and feeble, and imperceptible during convulsions; pupils somewhat dilated; recurring clonic spasms, followed by rigidity. Rattling sounds on respiration. I gave her one-sixth grain apomorphia, which was allowed to run down her throat, as my hypodermic syringe was out of order.

I then procured a stomach syphon, introduced it into the stomach, poured in water, but on lowering the end it became occluded with tough mucus; tried it repeatedly, but unsuccessfully. The lower jaw was partially luxated by the spasms, and remained so unless reduced. The odor of the breath was distinctive of tansy.

Pharynx and fauces were so insensible that introduction of the finger produced no efforts at vomiting, and for a time coughing was not excited when fluids entered the larynx. Becoming discouraged at our inability to produce vomiting, though I repeated the apomorphia, we began giving spoonful doses of whiskey in water, repeating every minute or two. After using four or five ounces, reflex action of the fauces returned and copious vomiting occurred. Vomited matter consisted of whiskey and water, slimy mucus, tinged with blood, strongly impregnated with oil of tansy. Bloody foam had covered the lips during spasms. This vomiting occurred fully two hours after the poison was taken. Continued whiskey till consciousness returned, which was at 9 A.M. She then urinated about twelve ounces of very turbid urine, having the odor of tansy. Pulse at this time 110. Recovered completely in two days, except loss of memory for two or three days succeeding the attempt.

There was no repeated diuresis as the books state, and she recovered from a large dose which had a good chance for absorption, as the stomach was empty and more or less dry, from a night spent in dancing. I saw the empty bottle afterwards, and know from the druggist that it had been filled. Death appeared so certain that the recovery was not predicted nor expected. In looking up a number of works on materia medica and toxicology, I find no treatment outlined further than "on general principles." In another case I should follow the emetic with a large dose of castor oil. I forget to state that one-fourth grain morphia was injected beneath the skin.

THERAPEUTIC NOTES.

HEMORRHOIDS.

℞. Ext. belladonnæ . . . gr. v.
Ext. phytolacca . . . gr. xx.
Acidi tannici . . . ʒj.
Pulv. marantæ . . . ʒiij.
Adipis . . . . ℥ij.
M. Ft. ungt.
Sig.—Apply three times daily.

BILIARY COLIC.

℞. Tinct. belladonnæ . . . ʒss.
Spts. chloroformi . . . ʒj.
Spts. myristicæ . . . ʒiij.
Elix. simp. . . . ℥j.
M. Sig.—Teaspoonful every hour.

CHRONIC ALCOHOLISM.

℞. Tinct. capsici . . . ʒss.
Tinct, nucis vomicæ . . ʒj.
Syr. simp. . . . ℥ij.
M. Sig.—Teaspoonful every three hours.

NEURALGIA.

℞. Morphia sulphatis . . gr. j.
Ext. cimicifugæ . . . fʒj.
Tinct. cinchonæ comp. . . ℥j.
M. Sig.—Teaspoonful in water every two hours.

DROPSY.

℞. Pulv. digitalis . . . gr. vj.
Pulv. scillæ . . . gr. xij.
Mass hydrarg. . . . gr. xij.
M. Ft. pilulæ No. xij.
Sig.—One pill every four hours.

LEUCORRHŒA.

℞. Tinct. belladonnæ . . ♏xxiv.
Tinct. ferri chlor. . . ʒss.
Aqua . . . . . ʒiss.
M. Sig.—Teaspoonful after meals.

SPLENIC CONGESTION.

R. Ext. cimicifugæ . . . fʒij.
Ext. ergotæ . . . . fʒss.
Syr. simp. . . . . ʒij.
M. Sig.—Teaspoonful every four hours.

DIABETES.

℞. Tinct. nux vomicæ . . ʒj.
Tinct. opii . . . . ʒss.
Spts. myristicæ . . . ʒj.
M. Sig.—Thirty drops four times daily.

CHRONIC BRONCHITIS.

℞. Tinct sanguinaria . . . ʒj.
Tinct. collinsonia . . . ʒij.
Tinct. benzonii comp. . . ʒiiss.
M. Sig.—Teaspoonful every three hours.

SCARLET FEVER.

℞. Tinct. digitalis . . . ʒss.
Spts. ætheris nitrosi . . ʒss.
Aqua . . . . . ʒiss.
M. Sig.—Teaspoonful every three hours.

DYSMENORRHŒA.

℞. Tinct. belladonnæ . . . ʒss.
Spts. myristicæ . . . ʒss.
Elix. simp. . . . . ʒj.
M. Sig.—Teaspoonful every two hours.

TYPHUS FEVER.

℞. Tinct. capsici . . . . ʒj.
Tinct. eucalypti . . . . ʒj.
Spts. frumenti . . . . ʒj.
M. Sig.—Teaspoonful every three hours.

DILATED HEART.

℞. Tinct. opii . . . . ʒss.
Tinct. ignatiæ . . . ʒj.
Tinct. gentianæ comp. . . ʒiij.
M. Sig.—Teaspoonful four times daily.

FLATULENCE.

℞. Tinct. nucis vomicæ . . ʒj.
Tinct. capsici . . . ʒiss.
Spts. vini gallici . . . ʒij.
M. Sig.—Teaspoonful after meals.

VARICOSE ULCERS.

℞. Acidi salicylici . . . gr. x.
Ext. belladonnæ . . . gr. iv.
Ungt. zinci oxidi benz. . ʒij.
M. Ft. ungt.
Sig.—Apply twice daily.

ANÆMIA.

Dr. S. W. Budd (Virginia Medical Monthly) recommends:—

℞. Pot. chlor. . . . . ʒj.
Hydrarg. bichlor. . . gr. ss.
Liq. arsen. chloridi . . gtt. xx.
Tr. ferri chloridi. . . ʒij.
Aquæ . . . q. s. ʒvj.
M. Sig.—Tablespoonful three times daily.

TONSILLITIS.

℞. Tinct. veratri viridi . . ʒss.
Tinct. guaiaci . . . . ʒss.
Syr. simp. . . . . ʒj.
M. Sig.—Teaspoonful every three hours.

GOUT.

℞. Ext. cimicifugæ . . . fʒiss.
Vini colchici rad. . . . ʒss.
Syr. simp. . . . . ʒj.
M. Sig.—Teaspoonful every three hours.

INFANTILE CONSTIPATION.

℞. Resinæ jalapæ . . . gr. iv.
Sacchara alba . . . . gr. xvj.
M. Ft. charta No. viii.
Sig.—One powder every night.

WAKING NUMBNESS.

℞. Strychnia sulphatis . . gr. j.
Acidi nitro-hydrochlorici dilut. ʒss.
Aquæ . . . . . ʒiv.
M. Sig.—Teaspoonful after meals.

ASTHMA.

℞. Tinct. lobeliæ. . . . ʒss.
Tinct. belladonnæ . . . ʒss.
Syr. scillæ . . . . ʒj.
Syr. tolu . . . . ʒj.
M. Sig.—Teaspoonful every hour until relieved.

MALARIAL PNEUMONIA.

℞. Tinct. veratri viridi . . ʒss.
Quinia sulphatis . . . ʒj.
Acidi sulphurici dilut. . . ʒiss.
Aquæ . . . . . ʒiij.
M. Sig.—Two teaspoonfuls every three hours.

ANTIPYRETIC PILLS.

No. 1.

℞. Quinine . . . . . gr. ij.
Calomel . . . . . gr. j.
Antim. et pot. tart. . . gr. ⅛.
Morphine sulph. . . . gr. ⅛.
M. Fiat P. 1.

Sig.—One or two pills every two hours until the fever subsides, or until ten pills have been administered. Usually one pill every two hours is sufficient. In urgent cases one or two pills every hour may be required.

No. 2.

℞. Quinine . . . . gr. ij.
Ipecac. pulv. . . . gr. ss.
Camphor pulv. . . . gr. ss.
Gelsemine . . . . gr. ⅛.
M. Fiat P. I.
Sig.—Dose same as the preceding formula.

No. 3.

℞. Quinine . . . . gr. ij.
Ipecac. pulv. . . . gr. ss.
Camphor pulv. . . . gr. ss.
Pilocarpine . . . . gr. ⅛.
M. Fiat P. I.
Sig.—Dose same as first formula.

No. 4.

℞. Quinine . . . . gr. ij.
Opium pulv. . . . gr. ¼.
Ipecac. pulv. . . . gr. ss.
Ext. aconite . . . gr. ⅛.
M. Fiat P. I.
Sig.—Dose same as first formula. The drugs should be strictly pure and accurately divided. —Dr. B. F. Humphreys, *Therapeutic Gazette.*

HOW TO KEEP THE SKIN SOFT.

A writer in the Medical World states that while he was a student at Jefferson he learned to use a lotion which has the curious property of preserving the skin from the effects of the cold, preventing chaps, and rendering the hands soft, white, and smooth. One need not wear gloves in winter, if this be constantly used:—

℞. Ol. rosæ . . . . gtt. xv.
Glycerini . . . . ʒj.
Spirit myrciæ . . . fʒiij.
Ol. cajeputi . . . gtt. xx.
M. Sig.—To be used on the hands every night before going to bed, and in cold weather to be applied before going into the open air, the hands being washed and dried.

COLIC.

℞. Ol. menth. pip. . . . ʒss.
Spts. chloroformi . . . ʒj.
Spts. frumenti . . . ʒj.
M. Sig.—Teaspoonful every half hour.

PURPURA.

℞. Tinct. belladonnæ . . ♏xxiv.
Tinct. ferri. chlor. . . ʒss.
Aquæ . . . . ʒiss.
M. Sig.—Teaspoonful every four hours.

CANCRUM ORIS.

℞. Tinct. capsici . . . ʒss.
Potassii chloratis . . . ʒj.
Aquæ . . . . ʒij.
M. Sig.—Teaspoonful every four hours.

OVARIAN NEURALGIA.

℞. Morphia sulph. . . . gr. iss.
Tinct. gelsemii . . . ʒj.
Elix. simp. . . . ʒij.
M. Sig.—Teaspoonful every three hours.

INCONTINENCE OF URINE.

℞. Tinct. nucis vomicæ . . ʒj.
Tinct. belladonnæ . . ♏xxx.
Acidi phosphorici dilut. . ʒij.
Aquæ . . . . ʒiij.
M. Sig.—Teaspoonful in water four times daily.

HÆMOPTYSIS.

℞. Tinct. veratri viridi . . ♏xx.
Magnesii sulphatis . . ʒj.
Acidi sulphurici dilut. . . ʒj.
Aquæ . . . . ʒvj.
M. Sig.—Tablespoonful every two hours.

ARSENIC IN DIPHTHERIA.

Dr. Fitz James Molony makes the appended report in the British Medical Journal: Having recently had a number of cases of diphtheria under my care, I was led to adopt arsenic as a local application, on account of the antiseptic properties which it is known to possess.

The plan I adopted was as follows: First, remove the diphtheritic membrane from the fauces and tonsils, and then apply to the denuded surface a piece of sponge or cotton-wool saturated with liquor arsenicalis, B. P.

One of the easiest ways of tearing away the false membrane, is to apply to the centre of the patch a brush with rather stiff bristles. By turning the brush round once or twice while applied to the patch, the membrane will become entangled in the bristles, and may be readily detached. I find this a very safe and effectual method. In cases where there is great difficulty in opening the mouth wide enough, it causes much less distress to the patient than pulling off the membrane with forceps, besides being infinitely safer.

The liquor arsenicalis may be applied on a piece of cotton-wool or lint, inserted into the split end of a pen-holder, and should be used every three or four hours.

I do not say that this treatment has any claim, to be considered a specific in diphtheritic sore-throat, for I believe there is no direct antidote for this or any other form of blood-poisoning; but it certainly has a beneficial effect on the condition of the throat, and removes that peculiar sickening fetor which is always present in true diphtheria, and its action in this respect is more lasting than any antiseptic I have used.

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MEDICAL JURISPRUDENCE.

THE exigencies of the times are such that the professions of law and medicine are becoming largely correlative. The responsibility thrust upon the medical practitioner in cases where human life, liberty, and honor are at stake, has become so vital that no man with a conscience can carry it lightly. Daily demands are made for medical authority to decide points which lie in the domain of science, and are accessible only with difficulty.

In the first place, law expects too much of medicine. It is with profound surprise, not unmixed with contempt, that the lawyer learns how narrow after all are the limits of exact science. The prosecutor in a murder trial is disappointed, if not disgusted, when he finds that the most eminent microscopist cannot say whether or not the soiled garments paraded as evidence of guilt, are stained with human blood. It was thought that point could easily be settled by an appeal to science, and the weak-minded physician, summoned as an expert, is mortified when he is obliged to say he doesn't know. He is ashamed of science, and, rather than confess her limits, bearing thereby himself a certain amount of odium from the ignorant, he supplements his exact knowledge with broad statements which by their inaccuracy disgrace him and the science he traduces. In the strained effort to meet the demands of legal inquiry, many so-called medical experts satisfy the law at the expense of conscience and established truth. An eminent microscopist who has attained his high position by devoted and conscientious research, at the expense of worldly advancement, once said to an audience of which the writer was a member: "Never be afraid to say you do not know. It is quite as important in giving medical testimony to state what you don't know as what you do know. Do not disgrace science by assuming anything."

An example of what may be done on both sides was furnished in an episode connected with a certain murder trial in which it was demanded that science prove the blood upon the prisoner's garments to be human blood. The expert who examined the substance ascertained that it was blood, but, being a careful scientific investigator, he knew he could not say whether or not it was human blood. It might have been cat's blood or dog's blood or goat's blood, so far as science could ascertain. Nevertheless, he had made the necessary examination and thought himself entitled to his fee, which he named in stating his readiness to travel some distance and appear before the court as an expert. The prosecutor, however, refused to accept his testimony unless it was conclusively on one side, and he was not allowed to appear, since he would not compromise so far as to make the least assumption. The lawyer was searching for proofs of guilt, not for truth. A less learned man, or a weaker man, might have abetted him, but the masters of science are not to be bought or flattered.

For this reason it is manifest that not every physician is qualified for an expert, even if he be a man of conscience and humility. Psychology is as intimately related to law as pathology is. The medical witness should be a specialist in the departments of legal medicine. If he is well qualified, he must know considerable law, and he attains knowledge commensurate with his duties only by that concentration of power which comes of well-directed study. It would best become the dignity of science and truth if legal medicine were held as a definite and distinct profession in which the emoluments were sufficient to justify a physician in abandoning all other practice in the interest of his special work.

Dr. E. Miller Reid's paper on "The Application of Legal Medicine to the Exigencies of the Times," may be read with great advantage. By the o'er-learned (?) in medical jurisprudence, Dr. Reid's conservative suggestions will be received with surprise; but he has certainly

presented some forcible thoughts on the subject in question. He points out the weight of evidence lying in the physical conditions of men implicated in fatal assaults, urging that a man with an organic weakness has apprehensive grounds for defending himself with a quickness which the occasion may not seem to warrant. Dr. Reid also speaks of the frequent inadequacy of the fines attached to ordinary assaults where an apparently trifling injury is subsequently followed by a life-long imprisonment or loss of function. He denounces the use of the whipping-post on medical grounds, and speaks, furthermore, of peculiar phases of mania which he considers as subjecting the patient to legal control, phases not ordinarily recognized by the courts, but called by Dr. Reed gynemania and erotomania. A strong point is made of the legal obligation which ought to enforce the disinfecting of money. Dr. Reid thinks that many diseases are contracted by handling coins or script which has passed through diseased fingers. The legal aspects of the phenomenon known as color-blindness are also dwelt upon; and finally Dr. Reed urges the desirability of subjecting engineers, captains of vessels, and all persons on whose skill the safety of human life may depend during any length of time, to a medical examination which shall establish the condition of their health and avoid the possible attacks of mental aberration, apoplexy, epilepsy, etc., which might be disastrous to those trusting to their skill.

Dr. Reid's paper is an excellent one. His points are well taken and sustained. The subject of medicial jurisprudence is one of vast expansibility, and the exigencies of the times have made it so complicated that only those who are really qualified by medical courses of study and observation have a moral right to pose as "experts."

SYPHILOPHOBIA.

DR. WIMPLEBERG'S paper which appears elsewhere in this issue of THE MEDICAL BULLETIN is a timely and valuable protest against the practice of regarding as specific in character all obscure affections appearing in persons who, at some previous time, suffered from primary or secondary syphilis. Syphilis is not an ineradicable, incurable disease. When imperfectly treated, or when the patient is of a vulnerable diathesis, it may linger in the system, and after a lapse of years produce grave, nervous, and visceral lesions, but when treated early and energetically it can in the overwhelming majority of cases be effaced as completely as an attack of anæmia.

There is no necessary connection between the headache, mental hebetude, or osteoscopic pains of middle age, and the indiscretions of youth. The former are usually the result of gastro-intestinal disturbances, and the latter are not infrequently due to gout, lithæmia, rheumatism or even to malaria. Of course in many intricate cases it is well to bear in mind the possibility of the existence of a syphilitic factor, but unless its presence is actively manifested, vigorous specific medication should not be employed until other remedies have proved inefficacious.

IMPORTANCE OF ABDOMINAL AUSCULTATION DURING LABOR.

DR. W. S. APPLEGATE'S letter in the current number of THE MEDICAL BULLETIN is an indirect but nevertheless a forcible lesson upon the necessity of the physician endeavoring to elicit the fœtal heart-sounds in every case of labor so that he can determine whether the child is living or dead, and base his opinion and action accordingly.

In the case reported by Dr. Applegate, the patient's three pregnancies terminated in three still-births, the result being attributed in each instance to prolapse of the cord, followed by its compression during delivery, and consequent interference with the fœtal circulation. No evidence is presented, however, to prove that any of the children was alive when labor began. It is true that Dr. Applegate claims to have detected pulsation in the cord, but that is a feature which may be simulated by the reflex flow of blood from the placenta during uterine contractions and by a variety of other causes.

In a case recorded by Drs. McClintock and Hardy, the attendant was positive that he had

observed pulsation in the cord, but when the child was delivered a few minutes later with forceps, it was found to be putrid, and had evidently been dead for many days.

We do not mean to imply that prolapse of the cord is to be regarded as a trifling accident. All departures from nature's normal course are to be veiwed with anxiety, but we are convinced that careful observation will show that prolapse of the cord is not as fatal *per se* as the text-books state, and that a very large proportion of the deaths which are charged to it are the result of constitutional and other causes. In other words, it is more frequently a sign rather than a cause of fœtal death, and its presence should point to the necessity of at once ascertaining the presence or absence of the fœtal heart-sounds. If they can be heard the prognosis is good whether the cord can be replaced or not. Madame La Chapelle observed cases in which it was prolapsed for hours without any injury to the child. McClintock and Hardy record a series of forty-four cases which resulted favorably, and yet in only three of them was it possible to return the cord. If the fœtal heart-sounds cannot be heard, and this accident has occurred at or near full term, the child may be declared to be almost certainly dead, but as in the great majority of cases no pressure has been exercised upon the cord, the fatal result must be sought for in causes inherent to the mother or the child, and acting before the onset of labor. McClintock and Hardy's statistics show that among the fifty-four cases of prolapsed cord observed by them in which the children were dead when delivered, there was only one in which the fœtal heart-sounds were audible at full term.

CORRESPONDENCE.

DR. AULDE'S LITHIUM BROMIDE MIXTURE.

EDITOR MEDICAL BULLETIN:—

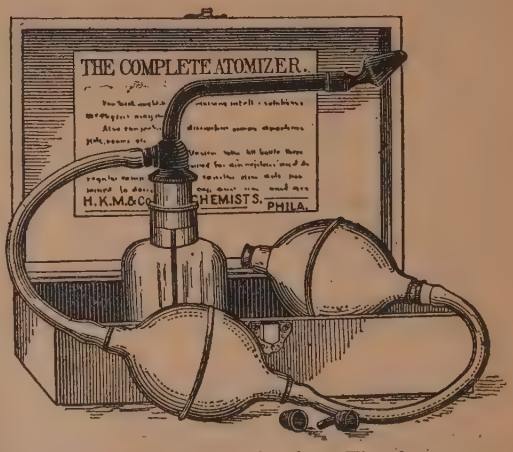
Dear Sir: Having published several papers in your journal on the use of lithium bromide in combination with solution of potassium citrate, more particularly with reference to its value in lithæmic conditions, I have thought it advisable to prepare a final paper, with a view to point out the "Therapeutical indications." Since the publication of these papers, I have received numerous communications from physicians in different parts of the country covering their experience, and it appears to me a suitable opportunity to request reports from those who have used this preparation, to be published as a symposium, in connection with my own views, in this final paper.

JOHN AULDE, M.D.

4719 FRANKFORD AVENUE, PHILADELPHIA.

EDITOR MEDICAL BULLETIN:—

Mr. Editor: I have had occasion to remark before that THE MEDICAL BULLETIN must circulate widely, and it is only just that it should be appreciated by a large circle of subscribers, for it is a welcome visitor to all who take it. I have received many letters, asking for information as to the use of orange wine, which, though they might be answered personally, may better be replied to through the columns of THE MEDICAL BULLETIN, and from Virginia comes, "What atomizer do you think the best for spraying the pharynx with in post-nasal catarrh, and how strong do you make the solution?" I have tried many atomizers, and, although any good instrument will do, I prefer that made by H. K. Mulford & Co., of Market and Eighteenth Street, in this city. The chief merits of the instrument are its being made of glass and rubber only, and this saves it from destruction by any solution which can be employed in the throat or other part of the human body. Next, as it has two bulbs, the spray is continuous—it does not go by jets. The bulbs, also, are so strong that it will not burst under any pressure likely to be applied, and if they did they are cheaply and easily replaced. I have asked the makers to lend me a cut, which



illustrates the apparatus clearly. The three nozzles render the tube adaptable to use in the nares, the pharynx (up or down) and the larynx or ear.

In catarrh, the proportion is half wine and half water. In diphtheria, I generally use the wine pure, or with only a little water. Another

letter from New York: "Do you find the continued use of the wine to induce biliousness?" Not in any case so far, and I have given it for a year at a stretch in persons where such a complication might be expected. I don't find wine to do this when taken alone, and in proper quantity; it is the moderate but steady drinking of malt liquids, and particularly ale, which disturbs the liver. Old ale will ruin any one's digestive tract in time, and it won't take a long time to do it. I hope these remarks will fill out satisfactorily the paper, and my overlooking the first query was accidental, as I had intended to give the points referred to in my article.

Very truly yours,
W. R. D. BLACKWOOD, M.D.

PHILADELPHIA, PA.

EDITOR MEDICAL BULLETIN:—

Dear Doctor: In the earlier part of the summer we had here a number of cases of typhoid fever, scattered cases occurring in all parts of the city, but in one locality the disease was especially fatal, five cases dying within a radius of one block. Some used well water, others cistern water, and still others hydrant water, so nothing can be proved as to the cause in that direction, but the existence of an open sewer a few hundred feet distant may account for the severity of the disease in this locality. What I wished to notice particularly, however, was the temperature in three of the fatal cases, all girls, ranging from fourteen to nineteen years in age.

No. 1 had an average temperature for several days of 102° to 104° Fahr., but Saturday, the morning record was 106° Fahr., evening 102° Fahr., and extremities cold. Sunday, morning 103° Fahr.; Monday, 105° Fahr., and patient died Tuesday A.M., at 7.30.

No 2 had the same average temperature, but Friday it ran up to 106° Fahr. Sunday it was subnormal till four in the afternoon, when it ran up to 105° Fahr., and she died at 6.30, Monday, A.M.

No. 3 with the same average temperature for ten or twelve days, suddenly had a rise to 106½° Fahr. Saturday morning, pulse 200, and respirations 100. Death occurred the same day at 2 P.M.

These three cases were in the practice of another physician, but attracted my attention from the fact of the sudden and severe rise of temperature a day or two before death. The only fatal case I had ran along several days with a temperature of 102–104° Fahr., and after two days of improvement of all the symptoms, cerebral congestion suddenly proved fatal.

I recently met with a rather unusual dislocation, viz., that of the head of the fibula. A young man was swinging vigorously in a hammock when the support of one end broke, and he was thrown full weight and with considerable force in an oblique direction against the side of the leg. The displacement was only partial, but even when reduced, the head of the bone was more prominent than that of the other leg. It was treated by the application of a pad and rest.

Yours, etc.,
W. D. BIDWELL, M.D.

LEAVENWORTH, KANSAS.

INTRA-UTERINE AMPUTATION.

EDITOR MEDICAL BULLETIN:—

Dear Doctor: On October 13th last I was called into the country, some nine miles, to attend a Mrs. R—, who was in labor with her seventh child. On arrival, I found the woman a blonde, quite fleshy, with a short, thick neck, which gave me some uneasiness, as there were some symptoms of convulsions. As labor progressed there was a partial hip presentation, with the femur crosswise. I thought it best to bring down the feet. I grasped the leg presenting and pulled that down. In reaching for the other it was not to be found. In a few minutes we had a full-developed male, with the exception of one leg (the left one). There was a band, resembling the capsular ligament, passing from where the trochanter ought to have been, back, crossing the spine just above the nates, to within four lines of the right hip. The scrotum was as large as in the adult, measured four inches in length, and contained but one testicle, that resembling a large bell pear. The penis was also very large, being three inches and six lines in length, with two glans penis, with two orifices of the urethra. The two glans extending one inch, then the penis was normal back to the abdomen with the exception of its large size. I asked the mother if she had been frightened during gestation. She answered, "No." If any of my brothers can give any light, I would be plased to hear, *per* THE MEDICAL BULLETIN.

J. B. SULLIVAN, M.D.

STANTON, MICH.

THREE SUCCESSIVE STILL-BIRTHS.

Mrs. H—, a healthy, well-developed Irish woman of twenty-five, and married three years, has been confined three times at intervals of about a year, in each case prolapse of the cord causing the death of the child. The first labor is said not to have been tedious, nor was there any difficulty excepting the complication mentioned. The second was a foot presentation, but the child was born before a doctor could be obtained. To the last I was called about three hours after the membranes had ruptured, the

waters having escaped with something of a gush, at the same time a loop of the cord appearing outside the vulva, a repetition of what had occurred twice before. Strong pains were failing to move the head, which had lodged in the superior strait with the long axis directly across the quite roomy pelvis.

Though the loop had lain so for three hours, there was weak pulsation, fatal pressure having been avoided no doubt by the position of the head. In a little time, with the aid of instruments, the position was corrected, and the child quickly delivered, but the delay had been too long.

To the question, "Why is it, doctor, that my babies are all born dead?" I could only give an indefinite answer. The woman had always been in excellent health, and during her pregnancy had taken the greatest care to do nothing that might cause any trouble, as both she and her husband were very anxious for a child. The amount of water does not seem to have been excessive. The cord, in the last case—the first two I knew nothing about—was not much longer than cords usually are. The only cause I am able to suggest is a cord perhaps slightly longer than normal, and the too early rupture of rather thin membranes.

It is not probable that the attention of a woman to her household duties, or the state of her health during pregnancy, could influence very much the result in a case of this kind. However, both were favorable. If the membranes were ruptured earlier than they should be, it is no more than frequently happens without prolapse. That the constant repetition of conditions so favorable to this complication might be due to some cause exerting the same influence in each labor seems highly probable.

W. S. Applegate, M.D.

Flatbush, L. I.

MEDICAL NEWS AND MISCELLANY.

Nitrate of Potash as an Anti-Emetic.—Dr. V. H. Moore (Medical and Surgical Reporter) says:—

Nitrate of potash, properly administered, is one of the surest remedies we have for the relief of vomiting. I have been using it as an antiemetic in my practice, for the past twelve years, with the happiest results. The manner of administering it is as follows: Give one-quarter of a grain, dissolved in a tablespoonful of cold water, every four or five minutes until the vomiting is relieved, which will usually be in from ten minutes to half an hour. I give it in all cases of vomiting, except reflex, and that due to irritant poisons, and have found it to succeed in ninety per cent. of all cases.

Medical Aphorisms.—A correspondent of the Canada Lancet, signing himself "Artz," says that he came across the following professional aphorisms of Amédée Latour, which are sufficiently curious and shrewd to merit reproduction:—

1. Life is short, patients fastidious and the brethren deceptive. 2. Practice is a field of which tact is the manure. 3. Patients are comparable to flannel, neither can be quilted without danger. 4. The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted. 5. Would you rid yourself of a tiresome patient, present your bill. 6. The patient who pays his attendant is but exacting; he who does not is a despot. 7. The physician who depends on the gratitude of his patient for his fee, is like the traveler who waited on the bank of a river until it finished flowing so that he might cross to the other side. 8. Modesty, simplicity, truthfulness! cleansing virtues, everywhere but at the bedside; there simplicity is construed as hesitation, modesty as want of confidence, truth as impoliteness. 9. To keep within the limits of a dignified assurance without falling into the ridiculous vauntings of a boaster, constitutes the supreme talent of the physician. 10. Remember always to appear to be doing something—above all when you are doing nothing. 11. With equal and even inferior talent the cleanly and genteelly dressed physician has a great advantage over a dirty or untidy one.

Suction in the Removal of Foreign Bodies from the Bladder.—The chief difficulty connected with the use of the lithotrite for elongated bodies is the fact that the foreign body is invariably seized at right angles with its long axis. I have discarded the lithotrite as an extractor, and trusted to a large-eyed evacuating catheter, such as I use for lithotrity, and a rubber wash-bottle connected with it, by means of which I can fill and empty the bladder with a stream of water of considerable force. When we consider that most foreign bodies introduced into the bladder are of an elongated nature before they become nuclei for stony concretions, this method of removing them at once recommends itself. If a rubber bottle is attached and a stream of water is forced into and out of the bladder, it will be found, as a rule, that the end of the foreign body is sucked into the catheter, and in this way may be withdrawn.

One of my recent cases was a curious one, and was seen in consultation. A middle-aged healthy man, a month previously, passed a piece of bacon rind about two inches in length up his urethra; this disappeared. He introduced a week afterwards, up the same canal, a stiff pig's bristle about five inches in length, which also disap-

peared. Ten days before I saw him he felt a severe pricking sensation, and at once confessed his indiscretions to his medical adviser. I passed a soft instrument down his urethra, and distinctly felt something in the prostatic urethra. I then passed a large-eyed evacuating catheter into the bladder, and attached a powerful rubber syringe to it, such as I use for the removal of stone fragments after lithotrity. After a few movements of the syringe, I felt that I had engaged something in the eye of the catheter, and on withdrawing the latter, the bristle, beautifully coated with phosphates, came with it. Of the bacon rind I neither felt nor heard anything more. These manœuvres were quite easily carried out on my consulting-room sofa without an anæsthetic. Some weeks previously I had removed a piece of gum-elastic bougie (No. 6), three inches in length, in the same way. To commence with, I felt, as the water current was being injected, the bougie strike against the eye of the catheter with its long axis, and was not caught. I distended the bladder with another syringeful of water (four ounces), when at once the end of the bougie became impacted in the eye of the evacuating catheter, and was withdrawn like the bristle. The additional amount of water permitted the bougie to rotate in the bladder. Still more recently, by the same process, I dislodged a renal calculus which I believe was impacted in the orifice of one of the ureters, where for some weeks it had caused much irritation.—REGINALD HARRISON, F.R.C.S., *Lancet.*

THE PRODUCTION AND USES OF MOIST HEAT IN THE TREATMENT OF DISEASE, OR AN EFFICIENT MEANS OF PRODUCING SPEEDY DIAPHORESIS.—Dr. J. O. Harris, of Ottawa, Ill., recently read a valuable paper before the La Salle County (Ill.) Medical Society, descriptive of his method of developing moist heat, and illustrated its practical application substantially as follows: Get a tinner to make a round tin box, eight inches in diameter and four inches deep; have him attach an open handle or socket three inches long and one and a quarter inches in diameter on one side near the top; attach a hinged cover perforated with one-half or five-eighth inch holes; bend at right angles two pieces of tin doubled, half inch in diameter, across the cover; then put a wooden handle fifteen inches long, in the socket, and your apparatus is ready. Being called to a case presenting all the symptoms of a congestive or pernicious chill, he sends a messenger for a quantity of unslacked lime, and while waiting his return gives the patient ten grains of Dover's powder, and has some woolen sheets or blankets brought and his patient placed between them. As soon as the lime is at hand he partly fills the tin box with it, pours over it a pint of hot water, closes down the cover, places the box between the patient's legs, and tucks the blankets down close around the patient. In ten minutes he says the chill has disappeared and the patient is bathed in profuse perspiration. In half an hour he allows the moist flannel sheets to be removed and replaced by dry, warmed cotton ones, and directs the necessary antiperiodic remedies for preventing a recurrence of the chill. Dr. Harris further illustrates the efficiency of his method by the two following cases:—

Miss F. F. D— had been out on a damp, chilly day while "unwell," with thin shoes, and her monthly flow was suddenly stopped, followed by terrible pains in the pelvis and loins. The use of the tin sweat-box with lime in the manner previously described, speedily induced profuse general perspiration with relief of pain, and in a few hours the menstrual flow had returned.

The other was N. C—, a merchant with an unusually severe attack of acute rheumatism, caused by a thorough wetting while out hunting and overtaken by a cold rain. Being called the next evening, and finding the patient suffering intensely, he gave him at once a powder composed of pulv. opii, grs. iss., nit. pot. grs. x., and pulv. zinziber, grs. ij., and went out for his sweat-box and lime. Returning he applied it between the legs of his patient under woolen coverings, in the same manner as previously described. At first the patient was disposed to ridicule the remedy, but soon admitted that it was getting warm, a little later asked to have some of the heat "let out," and finally declared he was being "cooked alive." "The result of the operation was that in less than an hour my patient was free from pain, and by noon the next day was walking around the store."—*Journal Amer. Med. Assoc.*

THE Ninth International Medical Congress, which convened in Washington, D.C., September 5, 1887, and adjourned September 10th, was a success that greatly exceeded expectations. In the way of purely original work, it may be said that there was not much done, and in the way of new discoveries or new inventions but little was brought forward for the first time that is likely to arouse the profession to a new enthusiasm. It is a wrong to judge the success of such an assemblage by such a standard. Such congresses are like great conventions for other purposes. They are not designed for the introduction of that which is new; they are for the purpose of giving a hearing to those who have formulated opinions, and to discuss practices which have been suggested. They are for the interchange of experiences and observations, and to seek confirmation or rejection of views heretofore held. They are for the dissemination of knowledge that each member has acquired by special investigation and inquiry. We predict that there are few, if

any, who attended this Ninth Congress that have not returned to their homes with a broader view of medicine, and who are not less of arrogant empirics than when they left their homes.

No one has a higher respect for true leaders in medical thought than we. But as one reviews the wonderfully extensive and accurate reports, as given in the Medical Record and other weekly medical journals of the country, he cannot fail being impressed by the thought that the diffusion of medical information is becoming so extensive that the so-called leaders in medical literature are simply so because of favorable positions held before the professional public.

We had intended giving full reports of the session in our columns, but the amount of material collected for this purpose from various sources would more than fill three annual volnmes of a journal the size of any medical monthly published in America. We are, therefore, reluctantly compelled to make no attempt at a report, but to suggest to our readers the propriety of investing forty or fifty cents in each of the following weekly journals, which give very excellent reports: Medical Record, Medical Register (daily edition), Medical News, New York Medical Journal.

We have seen in some of our exchanges a tendency to parade the fact that many eminent men in the profession were not in attendance upon the Congress, and thus to argue the failure of the session. It is to be regretted that so many eminent men absented themselves; but, as we examined the general merits of the papers and discussions, it becomes a natural inquiry, Could the eminent absentees have made the Congress a more profitable one? Could they have contributed a better run of papers than were contributed? Could they have made the Congress a more practically valuable one? These eminent absentees did not do more than cause the profession generally to regret that they attempted so much to impair the value of the Congress. They injured themselves far more than they injured those they did not care to see in high places. We predict that, for the most part, were they to have the thing to do over again, they would make themselves more conspicuous by attendance and by active participation in the work of the Congress.—*Virginia Med. Monthly.*

THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.—The question of higher medical education has been agitated from time to time until it has taken firm root at certain institutions in different parts of the country. Much of the encouragement which has been offered institutions entering upon such a course has been derived from legislative enactment in different States of the Union. At the Medico-Chirurgical College of Philadelphia, a three years' graded course is required, including clinical and laboratory instruction. The last Legislature of Pennsylvania appropriated twenty-five thousand dollars to aid in the erection of a new hospital for the Medico-Chirurgical College, on the ground that Philadelphia was losing prestige as a medical centre; that the high standard of qualification formerly exacted in that metropolis had for a long time been on the decline. It was determined, therefore, to aid the new school in reclaiming the lost prestige of Philadelphia as a centre of medical education. It would seem there is a substantial reason for encouraging the Medico-Chirurgical College, from the fact that the Executive Council of the Alumni Association of the Jefferson Medical College have petitioned the faculty of that institution to increase the facilities and improve the methods of instruction, lest the prestige of that school shall continue to suffer in public estimation. The Jefferson Medical College is indeed unfortunate to have provoked such action from its Alumni. The action of the Alumni Association shows plainly that the policy of that school and the character of the instruction it offers must not be permitted to degenerate so as to reflect discredit upon those who in former times attended its instruction. It has been said that the Alumni make the character of a school; but in this case it seems the Alumni feel that the school must also amend its character. We regard it as a good sign of the growing disposition to hold the medical colleges of the country up to the most recent advances in methods of instruction, and the highest standard of practical utility in the character of that instruction. There can be little doubt that the Medico-Chirurgical College is growing in public confidence; and while the University of Pennsylvania may be holding its own, the Jefferson College, under its present management, is, no doubt, beginning to feel both its own inefficiency and the effect of that antagonism the members of the present faculty exhibited toward the American Medical Association, and the profession in the South and West. The overweening desire of some of the brethren in Philadelphia and New York to impress the medical world with their own greatness, and the utter incompetency of the rest of the profession to conduct the preliminary organization of the Ninth International Medical Congress is beginning to bear its legitimate fruitage.—*Progress*, November, 1887.

THE TREATMENT OF PNEUMONIA.—A fair experience in the treatment of pneumonia leads us to the opinion that most cases may be conducted to a favorable issue by a method something like the following: If the patient is a strong adult, with a hard, full pulse, venesection from the arm may be very advantageous at the onset of the disease. If the patient is old or weak, or if the

disease has already lasted several days, venesection may be dangerous. When venesection is out of place, supporting remedies must be used. An excellent prescription is composed of five minims of tincture of digitalis, five minims of deodorized tincture of opium, and five minims of aromatic sulphuric acid, with enough tincture of cardamom or lavender to make the whole up to a teaspoonful. This dose may be given every three hours, until the frequency and violence of the cough are abated, or until some drowsiness is produced. For persons in adult life, no other stimulant is necessary, as a rule. For old people, the administration of small and frequent doses of whiskey—a teaspoonful every hour—is often of the greatest service.

The local application of large mush poultices, or enveloping the chest in cotton or fine carded wool, is often comforting and serviceable. Cupping we have little faith in, although many practitioners, who have used it often, think it of service. In the case of old, weak, or debilitated subjects, we believe it to be dangerous.

If a pneumonia reaches the stage of cyanosis, we would recommend the use of strychnia hypodermically, in doses of one-sixtieth to one-thirtieth grain, as suggested by Dr. Habershon; although we have had no experience in its use.

It may be scarcely necessary to say that in cases of pneumonia—as of all diseases—it is of the greatest importance to keep the bowels, the kidneys, and the skin in good working order. The administration of a prompt, but not violent, cathartic, or of a stimulating enema is often of the greatest service at the outset of a pneumonia. In the later stages a cathartic is rarely demanded. The kidneys may be kept active by the free administration of water, and especially of water combined with nitre. A very good way to accomplish this is to order a teaspoonful of sweet spirits of nitre, to be placed in a tumblerful of water, to which a little lemon-juice may be added, and a teaspoonful of the mixture to be given every hour. This combination has the advantage of acting upon the skin as well as upon the kidneys, and tends to keep up cutaneous transpiration.

These suggestions cover the main indications in the medicinal treatment of pneumonia, namely, relieving the lungs as much as possible of the work of elimination, lessening pain and irritation, quieting cough, strengthening the heart, and promoting removal of the products of inflammation. For the support of bodily nutrition, attention to feeding is important. Usually not much food is needed, and too much is injurious. The best diet we believe to be one of milk exclusively, given hot or cold as the patient wishes, remembering that when the vitality is low hot milk is to be preferred, and that the digestion of milk is facilitated by adding a little salt to it, ten or twenty grains to a tumblerful.

The method proposed above is not offered as an exclusive one. Different medical men often reach the same goal by different ways. But this method has given very satisfactory results in the treatment of pneumonia in a large number of cases, many of which were in the persons of aged people, in whom this disease is usually most serious and most apt to be fatal.—*Medical and Surgical Reporter.*

TWO CASES OF FRACTURE OF CERVICAL VERTEBRA, WITH RECOVERY.—On the morning of the 9th of January, 1886, I was notified to proceed to the scene of a terrible wreck at Bridge 19, on the S. & N. A. Railroad to attend the wounded. Before I reached the scene, however, the wounded had been brought down to Cullman, where I found them.

Among the wounded I found Engineer J—, of whom I have to write. He was on his engine when the bridge fell in, and went down with it a distance of ninety feet, plunging into the icy waters. When I found him he was suffering from shock, together with the results of exposure to the intense cold in his wet clothing. After giving him attention for the shock and the effects of his exposure to the cold, I proceeded to make a careful examination of his injuries.

I found several bruises, none of much importance, except one on his right shoulder; and I also found that the spinous process of the fourth cervical vertebra had been broken off near the body of the bone. In raising him up his head would fall forward, allowing the chin to rest on the chest. There was a partial general paralysis, extreme nausea, and inability to void the urine. I gave hypodermatic injections of morphia to produce rest, and relieve the pain, and the usual mixture of lime-water and sweet milk to relieve the nausea (and also as nourishment). I relieved the bladder with a catheter, and then proceeded to fix the head. Alcock's porous plasters were the most available dressings I could get at the time (and I desire to say that I liked them so well, that I have used them frequently since in various fractures). I shaved the back of the head for a couple of inches and applied the plasters, carrying them down the spine several inches below the fracture, and enjoined perfect rest. The patient was allowed liquid nourishment to be taken through a bent tube so as to prevent any motion of the head.

For several days it was necessary to relieve the bladder by the catheter; after four or five days, however, he was able to void his urine himself. It was also necessary for about the same length of time to give castor-oil and enemata to move the bowels.

At the end of three weeks he was able to be

moved to Birmingham. His recovery was slow, but steady. The spinous process was reunited to its vertebra, and at this writing (July 16, 1887) the man is strong and healthy.

The second case occurred early on the morning of March 19, 1887. I was hastily summoned to see B. Baldwin, age thirty-three years, switchman in the S. & N. A. Railroad yard at this place, who had been injured by a fall from the top of a caboose. I found him unconscious, with his head constantly rotating, pulse weak, breathing stertorous. I at once had him removed to comfortable quarters, and proceeded to examine his injuries.

I diagnosed a fracture of the sixth cervical vertebra with a laceration of the ligaments, and concussion of the other cervical vertebræ; also contusions over the lumbar region and sacrum, with concussion—all this resulting in a general paralysis except as to the rotating of the head. For thirty-six hours the head continued to turn from side to side without intermission; at the end of this time the head gradually ceased to turn, and the man began regaining his consciousness, and could articulate. I then fixed the head as in the first case.

About this time I found that the man was completely blind, in which condition he remained for fourteen days, when his vision began to slowly return.

All this time there was a constant dribbling of urine except when the bladder had just been emptied by the catheter. His bowels had to be moved by oil and enemata. Paralysis of the lower extremities began to yield slowly, as it did everywhere else except in the right arm. As the paralysis yielded, the dribbling of the urine ceased, and there was less trouble with the bowels. I kept the patient as still as possible, leaving strict orders that his head should not be moved.

On May 13th, assisted by Drs. Copeland and Barcley, I applied "Sayre's Jury-mast" and Plaster-of-Paris jacket. These acted admirably, taking the weight of the head from the cervical vertebræ, and also keeping the head fixed in position.

At this writing, July 16th, the man is able to walk about with the assistance of a cane. The point of injury is extremely sensitive, and the patient cannot bear the least pressure on any portion of the cervical vertebræ. If the "jury-mast" is removed the head has to be supported—I do not think he could live without it. His general health is excellent, though paralysis of the right arm continues.—Dr. James Buckner Luckie, *Virginia Medical Monthly.*

California Brandy.—The impression is very general that brandy is the most wholesome of all distilled liquors. This feeling is settled and of long standing, not only among physicians, but with the laity. It has almost the force of an instinct; when, in the course of an illness, it is thought best to resort to the use of alcohol, the idea of brandy is the first to suggest itself to most minds. It is usually the case that there is some substantial foundation for a wide-spread belief, and our conviction is that the general preference for brandy as a stimulant and nutrient rests on solid grounds. In the New York Medical Journal for June 28 and July 5, 1884, we gave an account of some very careful and elaborate observations upon the point by M. Dujardin-Beaumetz. Like previous experimenters, M. Dujardin-Beaumetz found that brandy was far less deleterious than other distilled liquors, by reason of its alcohol being chiefly that of the ethyl series. While it is not to be denied that certain fine brands of other liquors approach brandy in their freedom from injurious constituents, the general fact remains that, as compared with whiskey, rum, and gin, brandy is to be preferred. Nevertheless, whiskey and other liquors have come into use to a great extent of late years for medicinal purposes, but there can be little doubt that this is largely owing to the recognized difficulty—amounting practically to an impossibility—of obtaining pure French brandy. In our issue for December 8, 1883, we published a forcible article on "French Brandy," by Dr. Adolph W. Miller, of Philadelphia, read before the Alumni Association of the Auxiliary Department of Medicine of the University of Pennsylvsnia. In that article Dr. Miller said: "The term 'brandy' seems to be no longer applied to a spirit produced by the fermentation of grapes, but to a complex mixture the alcohol of which is derived from grain, potatoes, or, worst of all, the refuse of the beet-sugar refineries. It would seem to be fairly impossible at present to purchase a pure cognac, as each individual proprietor of a vineyard has become a distiller and compounder. He has acquired the art of imitating any special flavor or vintage of brandy that may be called for. Potato spirits and beet alcohols, the most deleterious and obnoxious of all the varieties of spirits, are sent from Germany into France in vast quantities. They are flavored, colored, and branded or labeled to meet the wishes of American connoisseurs. The mere fact of coming out of bond or 'straight through the custom-house' is generally accepted here as a sufficient evidence that they are pure and genuine. It is rather unfortunate that physicians themselves frequently strengthen this hallucination in favor of imported spirits by giving the most stringent orders to their patients to procure genuine French cognac, even though it may command tenfold the price of an absolutely pure spirit of domestic production. This imperative command becomes a cruel injustice in the case

of poor patients, whom it is perhaps necessary to support for months on alcohol. Under the best of circumstances, what is there to be gained by the use of French brandy in preference to pure domestic spirit?"

Such being the case, it was natural to turn to California brandy. There was every *a priori* reason to assume that good brandy was produced in California, and residents of that State persistently asserted that it was to be had there. As a matter of fact, however, any attempt to get good California brandy in the eastern markets generally resulted in the purchasers being saddled with a lot of villainous stuff—fiery, utterly destitute of bouquet, and extremely productive of "Katzenjammer." To what was this owing? Undoubtedly to our absurd yearning after imported articles—a state of the public mind that would have made it ruinous for California producers of good brandy to put it on the market under its own name. It is unquestionable that for many years past the best brandy obtainable in this market has been the product of California, but the small consumer could obtain it only by asking for "French brandy" and paying an excessive price. Of course, there has been poor brandy made in California, as well as much that, while essentially good, was immature. Such products have been sold under the name of California brandy, and unfortunately it is from them that the brandy of the Pacific coast has largely been judged of. But happily this unnatural state of things is passing away; we are gradually learning that various articles of American production are far superior to any that can be imported, and that California brandy is one of them. In particular, the "royal grape brandy" furnished by the California Vintage Company, 21 Park Place, New York, we believe to be unsurpassed by any brandy made in France, whether we consider its flavor or its purity; and rarely equalled. It is smooth to the tongue and delicate and fruity in both taste and aroma, and a considerable trial of it has satisfied us of its absolute freedom from extraneous substances. Considering the very moderate price asked for it—really not greater than one has to pay for good whiskey—it seems to us a duty on the part of physicians to employ it with their patients.—*New York Medical Journal.*

GASTRIC DISTURBANCE FROM OVARIAN IRRITATION.—None will deny the influence which uterine or ovarian irritations or congestions are capable of exerting upon the functions of the stomach, and no phenomenon is more frequently pointed to in illustration of the relationship existing between these organs than the vomiting of pregnancy. The illustration is a well-worn one, and is so frequently thrust forward that we are prone to overlook the fact that at any period of a woman's life, and during other than the pregnant condition, the most obstinate gastric derangement may be traced to the ovary or uterus. The following report of a case in point may prove of interest:—

In the month of August, 1886, I was consulted by Mrs. T—, aged 38, married, the mother of two children, the youngest aged eighteen years. She complained principally of disturbances of the stomach, nausea, and vomiting, diurnal and nocturnal. The patient was spare in flesh, as well as pale and anæmic in appearance; tongue clean and no epigastric tenderness. Finding her very reticent and indisposed to give a full and clear account of her symptoms, and happening to be in somewhat of a hurry at the time, I sent her away with a prescription for good-sized doses of subnitrate of bismuth with a little pepsine to be taken after meals. In about two weeks the patient returned unimproved. This time she was given nitro-muriatic acid with nux vomica and gentian. I also advised counter-irritation over the stomach and liver. In due time she reappeared, feeling somewhat worse. She was then placed upon small doses of Fowler's solution before and Warner's pil. digestiva after meals. In course of two or three weeks she came again with the same old story of no improvement. By this time the feeble interest I at first took in the case was replaced by a determination to conquer both disease and patient. I questioned her closely, notwithstanding her strong disinclination to answer some of my questions, and insisted upon her submitting to an examination of the pelvic organs. With much reluctance I was permitted to make the discovery of a somewhat anteflexed uterus and an extremely tender left ovary. Here was an explanation why my previous treatment was of no avail. I immediately placed a fly blister over the ovary and began the administration of twenty-grain doses of the bromide of sodium three times daily, and in less than twenty-four hours the stomach was at perfect rest. The patient slept undisturbed that night and thenceforth, whereas previously she vomited from once to three or four times every night. The bromide was used for a couple of months and finally discontinued. The only additional counter-irritation applied was in the form of the ointment of the red iodide of mercury, a very limited number of applications sufficing to remove all remaining tenderness. The uterine displacement has been given due attention and the patient subjected to a course of tonic treatment with the effect of producing a very decided change for the better in the local and general condition. Not until last week was there any return of the nausea or vomiting, and then only in slight degree. Further counter-irritation and a return to the bromide, will, I have

no doubt, quickly cause the symptoms to vanish. Previous to the occasion of the third consultation, I had labored under a misunderstanding of the duration of a disorder that made this woman's life almost burdensome to her, and which had caused such interference with digestion and nutrition. Imagine my astonishment at being assured that the complaint was of eighteen years' duration, dating from a short period after the birth of her youngest child. At least half a dozen of the ablest and most experienced practitioners in this section had prescribed for her infirmity—some of them more than once—none of them imagining the symptoms to be reflex in origin. I find no special fault with these gentlemen for committing once or oftener the error I myself fell into three times. In view of the light that now shines upon points once obscure in the etiology of disease, mistakes such as mine are utterly inexcusable. We are apt to grow careless and indifferent, and to let slip facts and to lose hold of principles essential to our highest success as practitioners of medicine. Worst of all, those who confide in our skill suffer from our carelessness or indifference.

The books treat very inadequately of digestive disorders due to ovarian irritation. One of the most valuable contributions to the literature of the subject is that of Dr. J. Milner Fothergill, in The American Journal of Obstetrics, January, 1878. Much of the article is quoted from in the same author's work on indigestion and biliousness.

There is good reason to believe that the writer is not the only practitioner who has ever overlooked reflex influences in the causation of a gastric ailment. Perhaps you yourself, my more or less gentle reader, have more than once fallen into the same error. As regards the digestive organs, the signs of ovarian dyspepsia are negative. The tongue is apt to be clean, and there is no special tenderness in the epigastrium. The stomach takes offence at or rejects one article of diet as much as another. If to this state of affairs be added a decided sensitiveness in the region of one or both ovaries, you are justified in resorting to a blister. Internally, the bromides should be administered. There is no fact in therapeutics so conspicuous as the power of the bromine compounds in diminishing reflex excitability. In cases such as the one I have described, the effect is sure and satisfactory. In many cases the vomiting of pregnancy may be greatly ameliorated by the use of one of the bromides. It is more than probable that an altered condition of the circulation within the ovaries is an important factor in the causation of the gastric disorders of the pregnant woman. Quite unaccountably, a possible influence from the ovaries has been almost entirely overlooked in most writings upon this subject. Dr. Bennett has shown the frequency of the association of an ulcerated condition of the neck of the womb with obstinate cases of the vomiting of pregnancy, and another author has noted the simultaneous occurrence of ulcerations of the neck and chronic congestion of the ovaries. Dr. W. Gill Wylie claims to almost invariably find either ulcerations of or an abnormally rigid or constricted condition of the neck of the uterus, and states that upon the conditions being altered the vomiting ceases. Graily Hewitt finds in flexions or versions an explanation of the symptoms. Another observer insists upon spinal irritation or anæmia of the cord being at the root of the difficulty; and yet another, after canvassing the subject most thoroughly, declares all theories false and baseless, and finds refuge in "idiosyncrasy" as being an ample and satisfactory explanation of the causation of this always annoying and sometimes serious ailment. We are all aware of the influence of the cessation of the performance of the function of the ovaries at the "change of life," in producing all manner of nervous disturbance. The entire organism is often thrown altogether out of tune. The varying condition of the circulation within and about the ovaries so affect those branches of the sympathetic supplying the parts as to send forth a jarring influence from which any organ or tissue, however remote, may suffer. Is it probable, then, that the sudden cessation of the function of menstruation, occurring as it does after impregnation of the uterus, is unfelt by the system in general?

I did not set out to prove that the vomiting of pregnancy was due to ovarian irritation or congestion, neither to advance a new method of treatment for this ailment; but I propose, as opportunity may occur, to interrogate the ovaries in all cases of irritability of the stomach occurring in the female, whether pregnant or not, where the symptoms are not obviously due to primary disorder of the stomach. If counter-irritants and sedatives prove inefficacious, they will but take rank with the methods and procedures which have from time to time been in vogue, and upon which various practitioners have placed some reliance, but which have signally failed to gain and retain the confidence of any considerable number of the profession.—JOHN J. THOMAS, M.D., *Med. and Surg. Reporter.*

NEW METHOD FOR THE REMOVAL OF NASAL POLYPI.—V. Lange, of Copenhagen, removed polypi occupying the posterior nares, in four cases, by the introduction, through the anterior nares, of an instrument somewhat like a button hook, with a long handle. The hook was adjusted around the pedicle, with the assistance of the index finger of the left hand introduced behind the soft palate, and slight traction sufficed to detach the growths.—*The Satellite.*

BOOK REVIEWS.

Diseases of the Female Mammary Glands. By TH. BILLROTH, M.D., Professor of Surgery at the Royal University, Vienna; and New Growths of the Uterus, by A. GUSSEROU, M.D., Professor of Obstetrics and Gynecology at the University of Berlin. Edited by EGBERT H. GRANDIN, M.D., of New York. These two treatises constitute Volume IX of "A Cyclopædia of Obstetrics and Gynecology," issued monthly during 1887. New York: William Wood & Company. And Diseases of the Female Urethra and Bladder, by F. WINCKEL, M.D., of the Royal University, Munich; and Dieases of the Vagina, by A. BREISKY, M.D., of the Royal University, Vienna. Edited by EGBERT H. GRANDIN, M.D., of New York. These two treatises constitute Volume X of "A Cyclopædia of Obstetrics and Gynecology" (12 vols., price $16.50), issued monthly during 1887. New York: William Wood & Company.

The first of these volumes is a perfect exposition of the knowledge which we have attained on these subjects up to the present day. Indeed it would seem impossible to conceive a volume that could please more than that before us. The graceful and masterful manner in which the subjects therein are treated, the evidence that is quoted for the substantiation of the views expressed; the general air of great learning and patient research, combined with the most positive expressions relative to cause and result cannot otherwise than make this a book on which one can fitly pin faith. It is, indeed, one of those few books, that are fortunately extant in our literature, that one may read and believe, we question not; we need not, for reading we feel truth. Indeed, Billroth and Gusserou have not attained their eminence for nought.

Volume ten is again the joint work of Winckel and Breisky, the former taking diseases of the urethra and bladder, the latter those of the vagina. If one says this volume in every respect approaches the former efforts of these great teachers, sure no higher eulogy could be expressed. But we even think in much it surpasses. Both volumes are in many respects far superior to their predecessors. The translations are much smoother, the illustrations are, without being works of art, at least amply good to be excellent guides, descriptive of the text they embellish. To those who do not yet own the books, we can only say they would be the most valuable and cheapest addition of which we have knowledge to a library.

The Treatment of Hemorrhoids by Injections of Carbolic Acid and Other Substances. By SILAS T. YOUNT, M.D., Physician of St. Elizabeth's Hospital, Member American Medical Association, Member Indiana State Medical Society, and Member of the Tippecanoe County Medical Society. The Echo Music Company, Printers: Lafayette, Ind., 1887. Pp. 63.

In this little volume Dr. Yount, in execrable English, tells us what hemorrhoids are, and how to cure them. If the cure is no better than the English in which it is detailed, we would advise our readers to employ other means. There are dangers in the use of carbolic acid injections which have been totally overlooked, either willfully or through lack of experience, in a method which should bear the fruit of trials, it would be well to give all objections with the advantages, and then let the reader, as well as the author, deduce their own conclusions.

Differential Diagnosis of the Diseases of the Skin for Students and Practitioners. By CONDICT W. CUTLER, M.S., M.D., Assistant Attending Physician for Skin and Venereal Diseases at the New York Hospital Out-door Department; Attending Physician for Diseases of General Medicine at the New York Dispensary; late House Physician at Bellevue Hospital; late Attending Surgeon at the Eastern Dispensary, etc. G. P. Putnam's Sons: New York and London, 1887. Pp. 139.

Unlike the great mass of his predecessors, Cutler has accepted an already established classification of skin diseases—namely, that of Hebra, which divides them according to their pathological anatomy into the various groups. This seems a tenable basis to start from. The dermatologists are themselves the cause of much of the confusion that exists in the various classifications. Each finding some fault with the other's method, immediately publishes an entirely new one of his own, and the result is chaos. In the present volume, concise tables of differentiation are given in as few words as are admissible. It is a volume that will be found eminently useful alike to practitioner and student.

Wide Awake. D. Lathrop Company, Boston.

The readers of this useful magazine for young people are so accustomed to good reading and pictures that they will wonder how it is going to be better than ever this coming year. But it is. The new year has already begun with the holiday number just out—a truly great number, larger and richer, more varied, and therefore it must be better than ever before. And the publishers have a primer to send to those who want to know what "Wide Awake" is going to have in it in 1888.

We know of no gift so sure of bringing a happy response in a reading family. Send $2.40 to D. Lothrop Company, Boston.

COMMERCIAL NEWS.

The Old Silver Spoon.

How fresh in my mind are the days of my sickness,
When I tossed me in pain, all fevered and sore;
The burning, the nausea, the sinking and weakness,
And even the old spoon that my medicine bore,
The old silver spoon, the family spoon,
The sick-chamber spoon that my medicine bore.

How loth were my fever-parched lips to receive it,
How nauseous the stuff that it bore to my tongue,
And the pain at my inwards, oh, naught could relieve it,
Though tears of disgust from my eyeballs it wrung,
The old silver spoon, the medicine spoon,
How awful the stuff that it left on my tongue.

—*Exchange.*

A New and Complete Operating Case.

The new operating case of the Messrs. Charles Lentz & Sons, of No. 18 North Eleventh Street, Philadelphia, is a handsome and compact set of operating instruments, put up in a most convenient form, and sold at a remarkably low price. With the sixteen instruments contained in this case any ordinary operation may be performed.

The Messrs. Lentz have just issued a two hundred and sixty page catalogue, containing a detailed description of this case and all other surgical instruments now on the market. On receipt of ten cents they will send a copy of catalogue to any physician who mentions The Medical Bulletin.

Better Wait Awhile.

Patient—"What would you think of a warmer climate for me, doctor?"

"Good gracious, man, that's just what I am trying to save you from!"—*Medical Era.*

Professor Fauvel on the Vin Mariani.

13 rue Guenegaud, Paris, Dec. 8, 1887.

To the Editor of the N. Y. Medical Journal:—

Sir: Will you kindly have it announced in your journal, in justice to myself before the medical profession, that the various notices appearing in journals and circulars quoting my name in connection with coca are entirely false, and in every respect a prevarication? The only preparation of coca employed by me with undoubted and uniform success has been the so well-known Vin Mariani, which, since 1865, I have had occasion to prescribe daily in my *clinique*, as well as in private practice. My opinion of this valuable medicament, together with those of many of my *confrères*, has during many years been frequently made known for the benefit of the profession in various writings, and it is but just to this worthy preparation that it receive all honor due. I thank you for compliance with my request.—Ch. Fauvel, *New York Medical Journal*, December 3, 1887.

A writer in an exchange informs us that on several occasions he has prescribed belladonna for sterile women, and has found that, after taking it for several weeks, they have become pregnant. *Moral*—Unmarried women should let belladonna severely alone!—*Exchange.*

Non-Irritant Iodine.

The fact that the iodide of potash is so repugnant to some persons, in consequence of its unpleasant taste and because it proves so irritating to the stomach of a delicate patient, makes a product of iodine, which is pleasant at all times and positively non-irritating, a most valuable and desirable preparation. Such a product it is claimed is Hostelley's Syrup Hydriodic Acid. Its administration can be continued for any length of time without fear of producing any of the evil effects which so frequently follow the continued use of iodide of potash, while its therapeutic effects are the same as iodine in its less pleasant forms. The manufacturers (Messrs. W. H. Hostelley & Co., 233 North Second Street, Philadelphia) vouch for the stability of the compound, and have rendered this preparation pleasing to the taste by the use of Syrup of Orange as a vehicle.

They will furnish any physician mentioning this journal a full half pound bottle free, except express charges, and will send full information on the subject.

A Physician who Healed Himself.

A prominent physician in Louisiana has written the following letter to Messrs. Griffith & Co., of 146 Second Avenue, New York City, viz:—

"Gentlemen: Please forward me by express one large-size bottle of your Compound Mixture of Guaiac and Stillingia. I have been a continual sufferer from acute rheumatism for ten months, and have never been able to find anything to relieve me. When I saw your advertisement I at once wrote for a trial bottle of your mixture, which you kindly sent me gratis. I have now been using it three days, and can say that I am free from pain for the first time in ten months, and will soon be able to resume practice."

A trial bottle of this remedy will be sent *gratis* to any of our readers who mention this journal.